

## RATED OR DECLINED CASE

**If you have a case that is rated or declined follow the steps below:**

1. Complete this form and email it to cc.lifeinsurancesolutions@simplicitygroup.com.
2. We will review and advise if an opportunity with us exists.

General Client Information	
Advisor Name: _____	Phone #: _____
Advisor email: _____	
Client Name: _____	Date of Birth: _____
Male <input type="checkbox"/> Female: <input type="checkbox"/> Height: _____ Weight: _____ Gain <input type="checkbox"/> Loss <input type="checkbox"/> in last year. Amount _____	
Tobacco Use: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, all types used: _____	
If quit use, date quit: _____ Type of tobacco: _____	
Type of Coverage: Term <input type="checkbox"/> UL <input type="checkbox"/> IUL <input type="checkbox"/> SUL <input type="checkbox"/>	
Face Amount: _____ Rated Class or Declined: _____	
<b>Reason for Decline with Banker's Life</b> _____	
Please list impairment(s). Give as much detail as possible. Include <u>when</u> condition diagnosed and <u>treatment</u> :	

Please list current medications

Name of Medication	Dosage	Reason

Are there any other issues other than medical? Yes  No  If yes, provide details below.