



Thank you for choosing to submit your Banner Life Application using FastApps. Please see the below tips in how to process this FastApp more effectively. When submitted in good order, the FastApp process has shown to improve issue times, reduce the need for additional requirements and simplify your client's application experience. Submit this form to us using the Secure Document upload available on our website ([www.thompsonagency.leapfile.net](http://www.thompsonagency.leapfile.net)), or you may also fax or email this the form to our office.

### **FastApp submission tips:**

1. The fastest way to process this application is to use the [FastApp](#) section of our website and Banner's dedicated link. By submitting through the website, the FastApp is sent directly to the company when you hit submit.
2. If you are going to use Banner's paper FastApp, make sure to answer **all** of the questions. If anything is left blank, we will need to contact you for that information, further delaying the process
3. Make sure to include a specific date and time for the telephone interview. It is a required question, and it further solidifies with your client that someone will be calling them to complete the application process.
4. Provide your client with Banner's "What Happens Next brochure. This will help your client know what the next step in the application process is. These brochures can be found on the [FastApp](#) section of our website.
5. **Follow up with your client regarding the telephone interview.** This is the #1 issue with the FastApp process. It is very easy for clients to just ignore the phone call, and NOT complete the telephone interview. Call your client to make sure that Banner called at the requested time. If the phone interview was not completed, provide them with Banner's telephone interview phone number, 800-839-5960.

**Thank you very much for your business.**



**Banner Life Insurance Company**  
 3275 Bennett Creek Avenue  
 Frederick, Maryland 21704  
 (800) 638-8428

Date of Request: \_\_\_\_\_



# Request for Life Insurance Interview

\* ALL FIELDS MANDATORY

## PROPOSED INSURED

_____ (First Name, Middle, Last Name)	XXX-XX-_____ (Last 4 digits S.S.#)	Date of Birth _____ / _____ / _____ (Month) (Day) (Year)
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## RISK EVALUATION

Criteria Questions	If answer to question is not known, please leave blank.	Check One Classification For Each Question
1	1a. Do you have a history of alcohol or substance (drug) abuse? <i>If No...</i> Check P+ and go to question 2. <i>If Yes...</i> Go to question 1b.	<input type="checkbox"/> P+ <input type="checkbox"/> P <input type="checkbox"/> S
	1b. Has there been any abuse in the past 10 years? <i>If No...</i> Check P and go to question 2. <i>If Yes...</i> Check S and go to question 2.	
2	Have you had any DUIs in the past 2a. 5 years? 2b. 3 years? <i>If No...</i> Check P+ and go to question 3. <i>If Yes...</i> Go to question 2b.	<input type="checkbox"/> P+ <input type="checkbox"/> S+ <input type="checkbox"/> S
	<i>If No...</i> Check S+ and go to question 3. <i>If Yes...</i> Check S and go to question 3.	
3	Have you had more than two motor vehicle moving violations in the past three years? <i>If No...</i> Check P+ and go to question 4. <i>If Yes...</i> Check S+ and go to question 4.	<input type="checkbox"/> P+ <input type="checkbox"/> S+
4	4a. Has either parent or a sibling had a history of cardiovascular disease before age 60? <i>If No...</i> Check P+ and go to question 5. <i>If Yes...</i> Go to question 4b.	
	4b. Has either parent died as a result of cardiovascular disease before age 60? <i>If No...</i> Check P and go to question 5. <i>If Yes...</i> Go to question 4c.	<input type="checkbox"/> P+ <input type="checkbox"/> P <input type="checkbox"/> S+ <input type="checkbox"/> S
	4c. Have both parents died as a result of cardiovascular disease before age 60? <i>If No...</i> Check S+ and go to question 5. <i>If Yes...</i> Check S and go to question 5.	
5	What is your height? _____ weight? _____ Based on height and weight, select the underwriting classification according to the build chart below. If weight meets or exceeds limit for standard (S) class, check S.	<input type="checkbox"/> P+ <input type="checkbox"/> P <input type="checkbox"/> S+ <input type="checkbox"/> S
6	Have you used any nicotine-based products in the past 6a. 36 months? 6b. 24 months? 6c. 12 months? <i>If No...</i> Check P+ and go to question 7. <i>If Yes...</i> Go to question 6b.	
	<i>If No...</i> Check P and go to question 7. <i>If Yes...</i> Go to question 6c.	<input type="checkbox"/> P+ <input type="checkbox"/> P <input type="checkbox"/> S+ <input type="checkbox"/> PT <input type="checkbox"/> ST
	<i>If No...</i> Check S+ and go to question 7. <i>If Yes...</i> Check PT if answers from 1 to 5 are all P/P+, otherwise, check ST.	
7	<b>What is the lowest (on a scale where P+ is highest) underwriting class checked in any of the answers to questions 1-6?</b> <b>Check one box.</b>	<input type="checkbox"/> P+ <input type="checkbox"/> P <input type="checkbox"/> S+ <input type="checkbox"/> S <input type="checkbox"/> PT <input type="checkbox"/> ST

This questionnaire is designed to provide a tentative premium classification based on a portion of the criteria used to determine a final premium classification. Final approval, classification, and actual rates will be subject to and based upon the entire underwriting process, your medical history, information developed during your interview with the Banner Call Center representative and/or any specific underwriting requirements and criteria. Please refer to the policy form for full disclosure of benefits and limitations. Forms and policy provisions may vary by state. Not available in all states.

Legend	
P+	Preferred Plus
P	Preferred
S+	Standard Plus
S	Standard
PT	Preferred Tobacco
ST	Standard Tobacco

**Build Chart**

Height	P+		P		S+		S		Height	P+		P		S+		S	
	Male	Female	Male/Female	Male/Female	Male/Female	Male/Female	Male	Female		Male/Female	Male/Female	Male/Female	Male/Female	Male/Female			
5'0"	144	135	158	166	172	6'0"	207	180	228	240	249						
5'1"	148	138	163	172	178	6'1"	213	184	234	245	255						
5'2"	153	140	168	175	183	6'2"	219	188	241	253	263						
5'3"	158	143	174	182	190	6'3"	225	193	247	259	269						
5'4"	163	145	179	188	195	6'4"	230	197	253	265	276						
5'5"	168	148	185	194	202	6'5"	237	201	260	272	283						
5'6"	174	150	191	200	208	6'6"	243	205	267	280	291						
5'7"	179	155	197	206	215	6'7"	249	209	274	287	299						
5'8"	185	160	203	212	221	6'8"	256	214	281	294	306						
5'9"	190	165	209	219	228	6'9"	262	218	288	302	314						
5'10"	196	170	215	226	234	6'10"	268	222	295	309	322						
5'11"	201	175	221	231	241	6'11"	276	226	303	317	330						

**PROPOSED INSURED INFORMATION**

Quoted Premium \$ \_\_\_\_\_ Face Amount \$ \_\_\_\_\_

Product (Please check only one.)

OPTerm  10       15       20       30

Term Rider  10       15       20

Life Value Term  20       30

Life Choice UL  Life Step UL  (<100K only)

Other  \_\_\_\_\_

Payment method  Direct Bill       Electronic Funds Transfer (EFT)

Frequency of premium payment  Annual       Semi-Annual       Quarterly       Monthly (EFT Only)

Gender  Male       Female

Is this prospective policy to replace existing insurance?  Yes       No

What is the purpose of this insurance?  Buy/Sell       Keyman       Family Protection       Income Replacement

Other \_\_\_\_\_

Policy Owner (if other than Proposed Insured) Name \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Date to Save Age  Yes       No

Waiver of Premium  Yes       No

TIAA - If your client is eligible, would you like us to offer temporary insurance coverage?  Yes       No

Exam Provider  APPS       EMSI       ExamOne       Portamedic       Superior Mobile Medics

**(Available Interview Hours: Monday - Friday, 9:00 a.m. to 10:30 p.m. ET)**

Please contact me: Date \_\_\_\_\_ Local time: \_\_\_\_\_  AM       PM      The Banner Life Call Center will contact you within two hours of the designated time.

Primary Telephone No. \_\_\_\_\_  Home       Work       Cell      Secondary Telephone No. \_\_\_\_\_  Home       Work       Cell

Address \_\_\_\_\_ (Please Print)

City \_\_\_\_\_ (Please Print)      State \_\_\_\_\_ (Please Print)      Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ (Please Print)

**Remarks:**

**AGENT INFORMATION**

I hereby authorize the Company to affix my electronic signature to all life insurance applications and related forms submitted by the undersigned. I will immediately notify the Company should this authorization for use of this signature or any prior signature authorization be terminated or revoked in any jurisdiction.

X \_\_\_\_\_ Date Signed \_\_\_\_\_  
Signature of Agent

Agent Name \_\_\_\_\_ Agent # \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone # \_\_\_\_\_ Share of Commission \_\_\_\_\_

Additional Agent

Agent Name \_\_\_\_\_ Agent # \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone # \_\_\_\_\_ Share of Commission \_\_\_\_\_

Brokerage General Agent (BGA) \_\_\_\_\_ BGA Number \_\_\_\_\_

Case Manager \_\_\_\_\_ Case Manager E-Mail Address \_\_\_\_\_

**DISCLAIMER**

This is not an application for life insurance coverage. Signing or completing this form will in no way serve to create or commence life insurance coverage. Signing or completing this form does **NOT** mean that coverage is effective.