



ROCKY MOUNTAIN INSURANCE NETWORK

CLIENT NEXT STEPS

CONGRATULATIONS ON YOUR PURCHASE OF LIFE INSURANCE!

HERE ARE THE NEXT STEPS:

Within the next few days, expect a call from our team at InsureNowDirect. They are experts in the process to get your policy in force as quickly as possible. To do that, we also need your help.

1. As shared above, you will be called to complete an application and medical questionnaire by telephone. Prior to your tele-interview, please complete the Applicant Pre-Interview Worksheet. It may feel like some of these questions are repetitive and indeed, some are that way by intent. Please understand this is a necessary part of the process.
2. Upon completion of the application process, you will receive an email from InsureNowDirect to go through a DocuSign process.
3. InsureNowDirect will then submit your completed and signed application and medical information to the insurance company.
4. Underwriting will take 4-5 days.
5. If approved your agent will be notified and evidence of coverage will be sent to your agent who will notify you and arrange for premium payment.
6. If you have any questions, please call InsureNowDirect at (855) 376-7845.

WE APPRECIATE YOUR BUSINESS!

APPLICANT PREINTERVIEW WORKSHEET



Please complete this worksheet prior to your Part One Tele-Interview with Insure NOW Direct. Preparing for your interview helps ensure it will go quickly. *Once complete, please keep this in a secure place or shred.*

Applicant Name: _____

Height: _____ Weight: _____ Social Security Number: _____

CITIZENSHIP - *If you are not a citizen, you need to provide information on your Green Card/Permanent Resident Card or Visa.*

Number: _____ Issue Date: _____ Expiration Date: _____

FINANCIALS, DRIVING AND MISCELLANEOUS

Annual Income - Individual: \$ _____

Total Assets: \$ _____ Total Liabilities: \$ _____ Total Networth: \$ _____

Drivers License Number: _____ Issue State: _____

Any moving violations? Yes No Convicted of a felony or misdemeanor? Yes No

Violation: _____ Date of Occurrence: _____

State and County: _____ Current Status: _____

PRIMARY CARE PHYSICIAN

Primary Care Physician Name: _____

Address: _____ Phone: _____ Date of Last Visit: _____

FOREIGN TRAVEL

Foreign Travel in the Past 5 Years: Yes No

Destinations - Cities and Countries: _____

Dates: _____ Duration: _____

Future Travel in the Upcoming 2 Years: Yes No

Destinations - Cities and Countries: _____

Dates: _____ Duration: _____

EXISTING INSURANCE - *List every insurance policy, annuity contract or long-term care policy in-force AND applied for, but not yet issued.*

Company	Policy Number	Issue Date	Face Amount	Replacing	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

OWNER, IF OTHER THAN INSURED - *If you are not the owner of this policy, you need to provide the following information for the owner:*

Owner Name: _____ Date of Birth: _____

Relationship to Insured: _____ SSN or TIN: _____

Owner Address: _____

TRUST - *If trust owned, you need to provide the following information:*

Trust Name: _____ Date of Trust: _____

Trustee(s): _____ Trust TIN: _____

BENEFICIARIES

	Primary Beneficiary (1)	Primary Beneficiary (2)	Primary Beneficiary (3)
Name:			
Date of Birth:			
Address:			
Phone Number:			
SSN or TIN:			
Relationship:			
Trust Name:			
Trustee Name:			
Date of Trust:			
Share Percentage (Equal to 100%):			