



FAIR. FAST. PROFESSIONAL.

Common Application Problems

Gary Edenfield, SMA I
Life and Health Product Review





Unacceptable health questions

1. Have you seen a doctor?
2. Have you consulted with a doctor?
3. Do you have any other medical ailments?
4. Are you disabled or do you plan on being disabled?
5. Have you had cancer or any symptoms?
6. Do you have any medical conditions?
7. Do participate in any hazardous sport or plan on participating?



Ambiguous medical questions





To the best of your knowledge...

MEDICAL HISTORY?

LAST DOCTOR VISIT ?

ANY SURGERY?

EARNINGS?

ARRESTS?

DRUG USE?

OTHER COVERAGE?

ANY HAZARDOUS SPORTS?

ANYTHING YOU'RE NOT SURE OF?...





Non-medical questions



street
city/state ZIP code
Relationship to applicant

b. Traditional Individual Retirement Annuity (IRA) (Check one)
Personal*
Spousal * (Indicate an application, for each spouse)
Rollover (Indicate rollover request, from
IRA (Indicate rollover contribution, from
IRA (Indicate rollover contribution

18. Select the payment option you prefer:
Flexible Premium Advantage - Multiple payments (\$20 minimum)
Single Premium Advantage - One-time payment (\$5,000 minimum)

19. Choose one of the four options (a, b, c, or d):
a. Non-qualified (Check all that apply!)
Individual purchase
Transfer from another company. Please complete: (20) surrender, form
other
er of annuity (if different from applicant)

c. Roth Individual Retirement Annuity (Check one)
Five-year holding period start year
Personal*
Spousal * (Indicate an application, for each spouse)
Rollover (Indicate rollover request, from
Transfer (Indicate Roth IRA transfer, from
Conversion (Indicate conversion, from
d. 401(k) Tax-Sheltered Annuity (TSA) (Check all that apply!)
Regular ongoing contributions *
Transfer from another insurance company (Indicate transfer, from
*These options are available if you have a previous Premium.

20. The amount of each paid with this application is \$
21. Traditional IRA or Roth IRA only
Amount paid with this application for the tax year \$
Amount paid with this application for the tax year \$
22. We will notify you about receiving benefit payments at age 65 unless:
23. I want to receive interest payments beginning (date) and continuing:
Monthly (for accounts with balances of \$10,000 or more)
Quarterly



Group enrollment forms

**NO HEALTH
QUESTIONS EXCEPT
FOR LATE ENROLLEES**



The “DON’T’S”

- Don’t file an application with rider coverage if the rider has not been approved
- Don’t file an application with an other box unless you explain what “other” is
- Don’t file an application and state it will be used with policies approved in the future



The “DO’S”

- **Do put a space for the agent’s printed name, a space for the agent’s signature and a space for the agent’s Florida license number on your application.**
- **Do put the Florida fraud statement right above the applicant’s name on your application.**
- **Do use the Florida required AIDS question: "has been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection."**



FAIR. FAST. PROFESSIONAL.

Common Application Problems

Thank you.

