

Life Insurance No Medical Exam Application

Personal Information

Full Name: _____

Date of Birth: ____/____/____

Gender: _____

Address: _____

Contact Number: _____

Email Address: _____

Policy Details

Type of Policy: (e.g., Simplified Issue, Guaranteed Issue) _____

Coverage Amount Desired: _____

Policy Term (if applicable): _____

Employment and Income Information

Occupation: _____

Annual Income: _____

Employer Name (if applicable): _____

Beneficiary Information

Primary Beneficiary Full Name: _____

Relationship to Applicant: _____

Secondary Beneficiary Full Name (if applicable): _____

Relationship to Applicant: _____

Health and Lifestyle Information

Do you smoke or use tobacco products?

Yes

No

Have you been diagnosed with any major health conditions?

Yes

No

- If yes, please specify: _____

List any current medications:

Family history of heart disease, cancer, or diabetes?

Yes

No

Policy Questions

Why are you seeking a no medical exam life insurance policy?

Have you been denied life insurance in the past?

Yes

No

- If yes, please explain: _____

Acknowledgment and Signature

I hereby declare that the information provided is true and accurate to the best of my knowledge. I understand that any false statements may result in the denial of coverage or future claims.

Applicant's Signature: _____

Date: ____/____/____

Agent/Representative's Signature (if applicable): _____

Date: ____/____/____

Note: This template is a general guide and may need to be adjusted to fit specific insurance providers' requirements. Always review the terms and conditions of the insurance provider before submitting an application.