DO NOT SUBMIT - CHECKLIST FOR TRAINING PURPOSES ONLY

EQUIS FINANCIAL
FINAL EXPENSE

GEORGIA

ASSURANT / AMERICAN MEMORIAL LIFE

NEW BUSINESS CHECKLIST

Required Forms Numbers		Description
☐	P-1146-GA	Application
☐	P-1146-GA - Page 5	Medical Authorization Form
☐	ADM7147GA	Replacement Form Number
☐	ADM7223-FN	Account Verification Form (Use if no check/ savings deposit slip available to verify account / routing information is available).
1. Proposed Insured (p. 1)		
☐	Make sure the following is marked on the application.	
☐	Legal Name	
☐	Mobile Number (for Equis CRM)	
☐	Email Address (for Equis CRM)	
☐	Age – Age is defined as age on last birthday (current age).	
☐	Date of Birth	
☐	State of Birth	
☐	Social Security Number	
☐	Gender	
☐	Height	
☐	Weight	
☐	Citizenship Status*	*If answered NO, Immigration Card Number for MIB Check
☐	Previously Applied for Insurance? Y/N	
2. Owner Information (p.1)		

	Only necessary if owner is different from the proposed insured.	
	Disallowed from Ownership: Writing Agent - Funeral Home - Trust - Charitable Organization	
☐	Owner Information	

3. Primary Beneficiary Information (p. 1)

A named beneficiary should be the person who is financially responsible for handling the final arrangements of the proposed insured.

Examples:

Spouse
Brother
Sister
Grandparent
Mother
Father
Child
Grandchild
Responsible Friend or Relative

☐	Primary Beneficiary Name	Note: must have insurable interest
☐	Primary Beneficiary Relationship to Insured	Note: see example designations above - “childhood friend” will not suffice.

4. Contingent Beneficiary Information (p. 1)

☐	Indicate Contingent Beneficiary	The person who gets the check if both proposed insured and primary beneficiary expire or the primary beneficiary is unable to receive the funds.

5. Policy Information (p. 1)

☐	Indicate Face Amount	
☐	Indicate Premium	
☐	Select Effective Date	
☐	Plan Type (Graded or Modified)	
☐	Nicotine Question Marked?	
☐	Replacement Question Marked	
☐	*If Yes, Is Company Name Listed?	

☐	Policy Needs to be mailed to the owner unless you have a reason to return (i.e., return visit for annuity opportunity, etc.)	

6a. Double Check All Questions (One of these are often skipped in haste) (p. 2)

☐	Question 1 Marked	
☐	Question 2a Marked	
☐	Question 2b Marked	
☐	Question 2c Marked	
☐	Question 2d Marked	
☐	Question 2e Marked	

6b. Double Check All Questions (One of these are often skipped in haste) (p. 2)

☐	Question 1 Marked	
☐	Question 2a Marked	
☐	Question 2b Marked	
☐	Question 2c Marked	
☐	CURRENT PHYSICIAN AND ADDRESS	

Signature Section (p. 3)

☐	Signed in City	
☐	Signed in State	
☐	Proposed Insured Signature	
☐	Proposed Insured Signature Date	
☐	Proposed Insured / Policy Owner Signature	
☐	Proposed Insured / Policy Owner Date	
☐	Licensed Agent / Witness Signature	
☐	Licensed Agent Signature Date	
☐	If Owner = Proposed Insured 1 client signature and Dates	
☐	If Owner is different from Proposed Insured 2 Signatures and Dates	

Agent's Statement Section (p. 3)

☐	Seen all proposed insured questions marked	
☐	Replacement Question Marked	
☐	Agent's Signature	
☐	Agent State License ID Number	
☐	Agent's Printed Name	
☐	Agent Signed in City	
☐	Agent Signed on Date	
☐	Assurant Agent Number	
☐	Agent Telephone Number	

7. Payment Options (p. 4)

☐	Premium Amount Indicated	
☐	Initial Payment Options	Select Monthly, Quarterly, Semi-Annual, or Annual
☐	First Payment Option Selected	
☐	If PAC (Monthly Draft) Date for first draft indicated* **	* First draft (Must be 1-28, because 29-31 does not occur every in every month on the calendar). ** PAC (Bank Draft) only option available if paying monthly.

Medical Authorization (p. 5)

☐	Name	
☐	Date of Birth	
☐	Signature of Primary Proposed Insured	
☐	Date of Primary Proposed Insured Signature	
☐	Signature of Agent	
☐	Date of Agent Signature	

ADM7147GA Replacement Form (2 Copies - Owner / Company)

☐	Complete Both Copies	
☐	Answer All Yes/ No Questions	
☐	Signature of Primary Proposed Insured / Owner	

☐	Date of Primary Proposed Insured Signature	
☐	Signature of Agent	
☐	Date of Agent Signature	

ADM7223-FN Account Verification Form

☐	Only complete if no voided check or savings withdrawal slip is available to verify the banking information.	
☐	Insured's Name	
☐	Payor's Name	
☐	Financial Institution Information	
☐	ACCOUNT HOLDER'S SIGNATURE	
☐	Agent Attestation Checkbox	
☐	Agent Signature	