

eApp Prep Sheet

To streamline your application with a OneAmerica® company, please complete the below information to the best of your knowledge.

First Proposed Applicant

| | | | | |
|---|---|--|-----------|--------|
| First Name | Middle Initial | Last Name | | |
| Street Address | City | State | ZIP | County |
| DOB | Birth State | | | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | Married: Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Phone | Email | | | |
| Occupation | Employer Name | Household Annual Income | Net Worth | |

Second Proposed Applicant

| | | | | |
|---|---|--|-----|--------|
| First Name | Middle Initial | Last Name | | |
| Street Address | City | State | ZIP | County |
| DOB | Birth State | | | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | Married: Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Phone | Email | | | |
| Occupation | Employer Name | | | |

Primary Beneficiary

| Name | DOB | Relationship |
|------|-----|--------------|
| | | |
| | | |
| | | |

Note: Include additional beneficiary names below

Existing Insurance

A: Do you have a long-term care insurance policy in force? Yes No

B: Have you had a long-term care policy or certificate in force during the last 12 months? Yes No

If **Yes** to A or B, What's the name of the company? _____

If that policy lapsed, when did it lapse? _____

C: Do you have existing life insurance or annuities with a OneAmerica company or any other company? Yes No

If **Yes** to A, B, or C - List all insurance information including amount, type, issue year, company. and if it was a replacement in the notes section below.

D: Are you eligible for benefits under Medicaid? Yes No

E: Will this policy be replacing or changing any existing life insurance or an annuity with a OneAmerica company or any other company? Yes No

Note: Additional confidential questions will be asked while completing the eApp such as Social Security #, Driver's License # and health-related questions.

Notes

Note to Financial Professional: Please shred this sheet after the eApp has been completed to protect any confidential information.

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