

# Core Life: Interview Tips



You've submitted your insurance application, what's next? Preparing for your interview may seem stressful - here are some tips.

## What to Expect:

### PREPARING FOR THE INTERVIEW

Your interview will last approximately 45 minutes. The purpose of the interview is to assist with the underwriting of your policy

### SCHEDULING TIPS

Interview questions will relate to health history and financial information, so be sure to complete the interview at a time and place you will have privacy.

### COGNITIVE ASSESSMENT

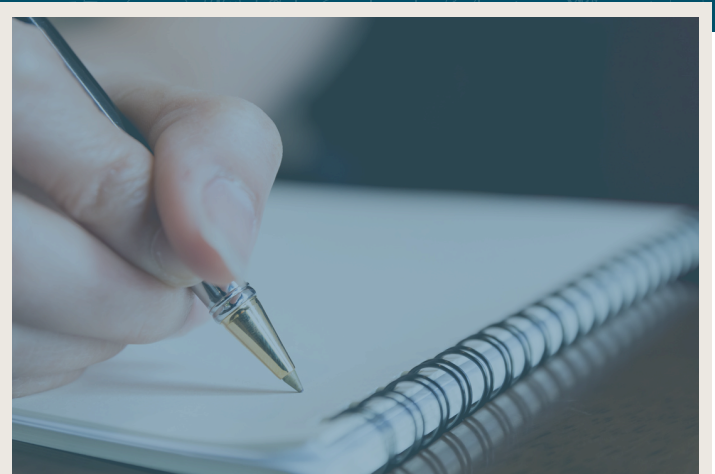
Cognitive assessments may be requested for individuals who are 56 or older (cognitive test ages are based on carrier requirements).

## Information to Bring:

- PHYSICIANS' NAME & ADDRESS
- HEALTH CONDITIONS & MEDICAL DIAGNOSES
- RESIDENCE & LIVING ARRANGEMENTS
- MEDICATIONS & MEDICAL HISTORY
- EMPLOYMENT STATUS
- HOBBIES & SOCIAL ACTIVITIES
- HOSPITALS & MEDICAL FACILITIES
- EXISTING INSURANCE & ANNUITY INFORMATION
- FINANCIAL INFORMATION

## After the Interview:

Once the interview is complete, the underwriter will review the information



# Pre-Interview Worksheet



Fill out this form and keep for your reference so you have relevant information on hand during interviews

## Doctors visited in the last 5 years

Doctor Name: \_\_\_\_\_ Specialization: \_\_\_\_\_

Address: \_\_\_\_\_

Visit Date: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

Treatment or Test Receive: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Specialization: \_\_\_\_\_

Address: \_\_\_\_\_

Visit Date: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

Treatment or Test Receive: \_\_\_\_\_

## Prescription & OTC Medications

Name	Dosage	Reason	Date Taken	Date Last Taken

## Medical History / Conditions

Some common medical conditions and information that may be necessary to disclose: Cancer, Diabetes, Heart Disease/Heart Attack, High Blood Pressure, Kidney Disease, Coronary Conditions, Retinopathy, Hypertension, Neuropathy, Insulin Reaction, Urine Protein/Microalbumin, Cerebrovascular/Peripheral Vascular Disease.

Condition	Date of Onset	Last Date of Treatment	Results	Doctor

## Important Numbers

SSN: \_\_\_\_\_ Driver's License # \_\_\_\_\_