

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	
Driver's License Number	Expiration Date			

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			
Driver's License Number	Expiration Date			

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

Notes

Note: All information provided is confidential.

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