

Truluma Virtual Assistant Form

Please return via email to underwriting@truluma.com
Or fax to 206.632.3838



www.truluma.com | underwriting@truluma.com

Seattle Corporate Office
1702 N. 34th Street
Seattle, WA 98103
877.455.9580

Proposed Insured Information

FULL NAME (Last, First, Middle)	GENDER (M/F)	DATE OF BIRTH (MM/DD/YYYY)	STATE OF BIRTH	LENGTH OF US RESIDENCY (YEARS/MONTHS)
DRIVER'S LICENSE NO. & STATE OF ISSUE	CURRENT PRIMARY OCCUPATION & DUTIES			
EMAIL ADDRESS	HOME PHONE		WORK PHONE	

HEALTH CONDITION HISTORY / Please list details below

Condition	Diagnosis	Date of Diagnosis	Treatment Dates: <input type="checkbox"/> IN TREATMENT <i>note start date only</i> START: FINISH:

MEDICATION HISTORY / Please list details below, noting any dosage changes as an additional med with changes included

MED NAME	REASON FOR USE	DOSAGE	FREQUENCY	LENGTH OF USAGE

Illustration Information

An illustration representing plan design and carrier of choice must accompany this form. (REQUIRED)

Authorization and Acknowledgement of Underwriting Requirements

I, _____, the undersigned, understand and agree to the following:

This is not an application for insurance. This form authorizes a Truluma representative to contact me directly to assist in the completion of a formal insurance application with the carrier of choice. As part of this process, I understand the following may be required:

- **Exam with Blood and Urine Collection** A third-party, paramedical exam company will contact me to schedule the exam. All labs will be ordered by Truluma unless otherwise instructed by advisor.
- **Tax Documentation** Complete copies of the last 2-3 years of tax returns (including all schedules and W-2s)
- **Personal History Interview or Tele-App** An authorized representative will call to complete a 20-30 minute health and lifestyle questionnaire.

Failure to complete these requirements in a timely manner will delay or cancel the underwriting process and may void the formal insurance application.

Proposed Insured Signature _____ DATE _____

Advisor Signature _____ DATE _____

Print Advisor Name _____