# Policy Review Authorization

Date: _____

Insurance Company: _____

Address: _____
City: _____ State: _____ Zip Code: _____

Policy Information: _____

Policy #: _____
Insured: _____ Date of Birth: _____
Male or Female: _____ SS#: _____
Owner: _____

Please accept this letter as authorization for the below named individual/firm to be provided with any and all information regarding the above referenced policies, including current in-force ledgers.

Agent: _____/Specific Solutions
Address: 475 International Drive
City: Williamsville State: NY Zip Code:14221
Fax: 716-632-6051 Email: policyreview@specificsolutions.com

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Authorization

I authorize _____/Specific Solutions, Inc. to obtain any and all information, including in-force ledgers.

X _____ _____
Signature of Insured Date

_____
Print name of Insured

X _____ _____
Signature of Policy Owner Date

_____
Print name of Policy Owner

# General Information

1.) What is the purpose of your current policy? _____

☐ **Mortgage Protection** ☐ **Family Protection** ☐ **Estate Tax Protection** ☐ **Income Replacement**

2.) Please check mark any of the following conditions that you currently have or have had in the past. Please provide specific details and dates in the spaces provided. Also please note any other health concerns.

| | |
|---|---|
| ☐ **Coronary Artery Disease** | ☐ **COPD/Emphysema** |
| ☐ **Cancer (Be Specific)** | ☐ **Cardiac Bypass/Angioplasty/Stent Replacement** |
| ☐ **Heart Attack/Angina** | ☐ **Sarcoidosis** |
| ☐ **Heart Valve Surgery/Murmurs** | ☐ **Hepatitis B or C** |
| ☐ **Arrhythmias** | ☐ **Multiple Sclerosis** |
| ☐ **Atrial Fibrillation** | ☐ **Parkinson's Disease** |
| ☐ **Stroke/TIA** | ☐ **Lupus/Other Autoimmune Disorders** |
| ☐ **Crohn's Disease/Ulcerative Colitis** | ☐ **Sleep Apnea** |
| ☐ **Diabetes Mellitus** | ☐ **Depression/Anxiety/Bipolar Disorder** |

_____
_____
_____
_____

3.) Please list any medications that you are currently taking and the reason why.

_____
_____
_____

4.) Do you use Tobacco? Yes ☐ No ☐
If yes, What type and how much?: _____

If no, # of years without tobacco use?:_____

5.) Height _____ Weight _____