

**Policy Review Authorization**

**Date:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**RE: Policy #** \_\_\_\_\_

**Insured:** \_\_\_\_\_

**Insured Address:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

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

**Agent:** \_\_\_\_\_

**Address: 475 International Drive**

**City: Williamsville State: NY Zip 14221**

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**Authorization:**

**I authorize \_\_\_\_\_/Specific Solutions to obtain any and all information, including, in-force ledgers.**

**X** \_\_\_\_\_  
**Signature of Insured** **Date**

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**Print Name of Insured**

**X** \_\_\_\_\_  
**Signature of Policy Owner** **Date**

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**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 circle any of the following conditions that you currently have or have had in the past. Please give specific details and dates in the spaces following for these health issues or any other health concerns.

Coronary Artery Disease

COPD/Emphysema

Cancer

Cardiac Bypass/Angioplasty/Stent Replacement

Heart Attack/Angina

Sarcoidosis

Heart Valve Surgery/Murmurs

Hepatitis B or C

Arrhythmias

Multiple Sclerosis

Arterial Fibrillation

Autoimmune Disorder

Stroke/TIA

Lupus

Crohn's Disease/Ulcerative Colitis

Sleep Apnea

Diabetes Mellitus

Bipolar Disorder

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 with no tobacco use : \_\_\_\_\_

5.) Build : Height \_\_\_\_\_ Weight \_\_\_\_\_