



iCare Plan - Page 1

(RED) Should include name, gender, date of birth, age, height, weight, mailing address, phone number, social security number, birth state, & employment info.

(ORANGE) Should include name, gender, date of birth, age, height, weight, mailing address, phone number, social security number, birth state, & employment info.

(YELLOW) Primary beneficiary info is required and contingent beneficiary is recommended.

(GREEN) Plan Selection. Enter Plan, Premium Payable, Amount of Premium, Face Amount, and Rider info.

(TEAL) Billing Info. Answer yes/no income question. If payor wants their premium to be drafted immediately upon underwriting approval then choose "Yes" on Draft Upon Approval, otherwise answer "No". Choose either a billing date or 2nd, 3rd, or 4th Wednesday option to coordinate with their pay date.

(LIGHT BLUE) Replacement - Answer replacement question(s) and complete additional replacement forms if required.

(DARK BLUE) Physician Name - Enter the insured's primary care physician contact information.

(PURPLE) Tobacco question

(PINK) Medical Questions - Answer all health questions.

Application for Individual Whole Life Insurance. SECURITY NATIONAL LIFE INSURANCE COMPANY. iCare Plan. Form with fields for Name, Address, Social Security Number, Occupation, Premium Payable, Billing Options, etc.

Applicant's Name, Social Security Number, Proposed Insured must answer all Medical Questions. Table with 20 medical questions and Yes/No columns. Includes section for Child Rider information.

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(RED) Applicant Name and Social Security Number

(ORANGE) Medical Questions - Answer all health questions.

(YELLOW) Prescriptions - enter all current prescriptions taken and provide all pertinent information to any "Yes" health question(s).

(GREEN) Child Rider - If applying for a Child Rider, provide all information.



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Form for iCare Plan Page 3, including fields for Applicant Name, Social Security Number, Prescription Authorization, and Agent's Statement.

(RED) Applicant Name and Social Security Number

(TEAL) Disclosures & Signatures – City & state where the application was signed. Signature of insured. Signature of owner, if different than insured.

(LIGHT BLUE) Agent's Statement –

Answer 2 questions

- 1. Is the proposed insured a family member of the agent?
2. An additional replacement question.

Agent's signature, printed name, and agent number.

If commissions are being split, both agents must sign the application and provide split information.

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(RED) Applicant Name and Social Security Number

(DARK BLUE) Payor Name, Phone, and Address. Customer Name is Payor's Name. Enter banking information.

(PURPLE) EFT disclosures. Name is Insured and leave contract # blank if it's a new application. Have payor sign and date the form.

(PINK) Payor Name, Date, Cash With App, Agent Signature and Agent Name.

Form for iCare Plan Page 4, including fields for Payor Information, EFT Authorization Agreement, Terms and Conditions, and Conditional Receipt.