

# 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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