



MEDICAL QUESTIONNAIRE

Windy City Financial Partners

Hoffman Office – 847-310-5900 FAX 847-310-5911
 Glenview Office – 847-904-5083 FAX 874-564-0201

Client Name: _____ **Date of Birth:** _____ Male Female
Current Address: _____ **US Citizen:** Yes No
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Work Phone:** _____
Social Security Number: _____ **Drivers Lic Number:** _____ **State of Issue:** _____
Proposed Amount of Ins: _____ **Plan:** UL SUL VUL SVUL NLG
Tobacco use: No Yes - type and date last used: _____ **Height:** _____ **Weight:** _____

Have you been treated for: (circle all that apply)	Yes	No	Date Diagnosed	Doctor's full name, phone # & address (include city & state) Include medical records # if applicable.
1. Chest pain, heart attack, stroke or any disease of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>		
2. High blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Diabetes, high blood sugar, kidney or liver disease?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Asthma, emphysema, or other lung disorder?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Cancer, tumor or other malignancy? if yes, type:	<input type="checkbox"/>	<input type="checkbox"/>		
6. History of drug use, alcoholism, mental illness, depression or anxiety?	<input type="checkbox"/>	<input type="checkbox"/>		

Please list current Medications/Dosage:	
1.	3.
2.	4.

Please list family history:	
Father:	Siblings:
Mother:	

List primary physician and all other physicians consulted if not listed above:

Doctor's Name and Address (include city & state) (include medical records # if applicable)	Phone # (with area code)	Reason Consulted	Date Last Seen
Primary:			
Specialist:			
Specialist:			
Specialist:			

Have you ever or plan to do any of the following:	Details and dates:
Auto Racing, motorcycle, snowmobile or powerboat competition?	
Scuba diving, mountain climbing?	
Parachuting, sky diving, private pilot?	
Travel outside of the US for any reason?	

**** **A signed Authorization to Obtain Information must accompany this request.** ****

Agent/Representative: _____ **Date:** _____
Location: _____ Summarize Yes _____ No _____

WINDY CITY FINANCIAL PARTNERS, INC.

Authorization to Obtain Information/Waiver and Acknowledgment Form

AUTHORIZATION:

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, or employer having information available as to diagnosis, treatment or prognosis with respect to any physical or mental condition and/or treatment of me or my minor children to give the Insurance or Reinsurance Companies named below any and all such information. To facilitate rapid submission of such information, I authorize all said sources, except The Medical Information Bureau, Inc. to give such records or knowledge to Windy City Financial Partners, Inc.

I UNDERSTAND the information obtained by use of this Authorization will be used by Windy City Financial Partners, Inc. and/or the Insurance Companies named below to determine eligibility for insurance, and eligibility for benefits under an existing policy. Any information obtained will not be released by Windy City Financial Partners, Inc. or the Insurance Companies named below to any person or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required.

Allianz	Illinois Mutual	Penn Treaty
AIG (American General)	ING/Security Life of Denver	Phoenix
American Investors	Indianapolis Life	Principal Life
Ashar Group	John Hancock	Protective Life
AVS Underwriting, LLC	LifeStyles, Inc.	Prudential
AXA-Equitable	Lincoln Benefit Life	Sun Life of Canada
Banner Life	Lincoln Financial Group	Transamerica Life Insurance
Berkshire	Met Life	Trinity Life Advisors, Inc.
Best Innovative Underwriting Svcs	Mass Mutual	United of Omaha
Boxton Nurse Consultants	New York Life	Union Central
First Penn Pacific	Pacific Life	West Coast Life
Genworth	Penn Mutual	21 st Services
Guardian	Hartford	

WAIVER AND ACKNOWLEDGMENT:

This Waiver and Acknowledgment (the "Waiver") has been signed on the date set forth below by the undersigned (the "Applicant") in favor of Windy City Financial Partners, Inc. its successors, assigns, shareholders, directors and employees.

Applicant acknowledges, understands and agrees as follows:

- that Applicant has filed an application with WCFP intending to secure life insurance from one or more insurance underwriters.
- that in the course of applying for life insurance coverage, WCFP has asked for and received information concerning Applicant's medical condition and history, as well as other information that is of a personal and confidential nature.
- that WCFP will provide that information, or parts of it, to a number of potential insurers and their agents, employees and representatives.
- that WCFP maintains, or will maintain, an electronic data interchange (the "Interchange") through which certain authorized underwriters and/or other insurance industry representatives (referred to in this Waiver as "Underwriters") may gain access to information concerning persons either covered by or applying for coverage under insurance policies issued and serviced by those Underwriters.
- that WCFP will use the Interchange to store some or all of the confidential and personal information Applicant has provided to WCFP, and, therefore, that Underwriters will be able to gain access to that information through the Interchange.
- that the Underwriters will gain access to the Interchange via the Internet or other, similar computer-based telecommunications systems.

- that, even though WCFP has in place security measures WCFP believes appropriate to protect the Interchange and the information it contains from unauthorized access and use, and even though WCFP will continue to upgrade those security measures from time to time as circumstances warrant, WCFP can make no guarantee as to SPP/SFN/CPS's ability to protect the Interchange and the information it contains from unauthorized access by "hackers" or other persons, who, through wrongful means, may bypass the security measures protecting the integrity of the Interchange.
- that WCFP cannot control the use, dissemination, publishing or interpretation of the information contained in the Interchange once that information is gathered by an Underwriter.
- that Applicant will hold harmless from and against any unauthorized access to or use of, by any person or company, any information pertaining to Applicant in WCFP's possession and/or stored on the Interchange.
- that Applicant will indemnify WCFP for all costs and expenses incurred by WCFP or any of its employees, shareholders, directors, agents or representatives in enforcing this Waiver.

Applicant has evidenced his/her acknowledgment, understanding and agreement with respect to the foregoing by signing this document below.

I ACKNOWLEDGE that I may request to receive a copy of this document.

I AGREE this form shall be valid for two and one half years from the date shown below.

Signed on this date: _____ / _____ / _____ City: _____ State: _____

X _____
Signature of Proposed Insured/Parent or Guardian

X _____
Signature of Witness

Printed name of Proposed Insured/Parent or Guardian

At Windy City Financial Partners, Inc, protecting your privacy is very important to us. We are strongly committed to safeguarding the information you provide us and to use it responsibly. Because of our commitment to you, we have adopted and adhere to the following policy regarding the privacy of your personal information.

Collection of Information

We may collect nonpublic personal financial information about you from some or all of the following sources:

- Information we receive from you on applications, new account forms, and fact-finding questionnaires;
- Your transactions with us, our affiliates, and those product sponsors with whom we have vendor agreements or other arrangements for the provision of services to you;
- Information we receive from non-affiliated third parties, including, but not limited to consumer reporting agencies; and
- Affiliated and unaffiliated product sponsors with whom we have selling relationships and whose products you own.

Disclosure of Information

We will not share nonpublic personal information concerning our potential, current or former customers with affiliated or unaffiliated third parties, except as permitted by law. Nor will we share this information for marketing purposes, except as permitted by law.

Generally, we may disclose customer nonpublic personal information to affiliates and non-affiliated third parties that provide services to us or have contracts with us to supply the products or services that you have requested through us. Examples of third parties with whom we may share your information include:

- Insurance companies, mutual fund companies, insurance support organizations, and other product sponsors to effect purchases and sales and allow for the servicing of your account;

- Your agent or broker/dealer;
- Clearing agencies through whom we clear and settle securities transactions;
- Third party investment advisory firms with whom we have relationships for the management of customer advisory accounts;
- Businesses, like banks and other financial institutions with whom we have an agreement for the marketing and sale of products and services;
- Regulatory or law-enforcement authorities; and
- Record keeping companies.

Where we share your nonpublic personal information with third parties for the purposes noted above, we ensure that there are contractual restrictions on their use and disclosure of that information.

WINDY CITY FINANCIAL PARTNERS, INC.

Privacy Policy

Protection of Information

We have security practices and procedures in place to prevent unauthorized use or access to your nonpublic personal information. Within Windy City Financial Partners, Inc., your information is only available to those individuals requiring access to process or service your transactions with us, and those fulfilling compliance, legal or audit functions on our behalf. We maintain physical, electronic and procedural safeguards to ensure the protection of your nonpublic personal information in accordance with state and federal privacy regulations.