



Date/Fecha

Caseworker/Trabajador

Office Address and Telephone No./Oficina y Teléfono

(Insurance Company Name and Address)

This individual is being considered for assistance. The requested policy information, as well as information about any additional policies, will assist me in arriving at a determination. A signed authorization to release information is enclosed.

Name of Insured

Policy No.

Comments:

Telephone No. (Incl. A/C)

Signature – Eligibility Worker

Date

	POLICY #1	POLICY #2	POLICY #3	POLICY #4
1. Policy Number				
2. Date Of Issue				
3. Owner				
4. Insured (If Other Than Owner)				
5. Type (Whole, Term, Annuity)				
6. Participating? (Yes/No)				
7. Face Value				
8. Cash Value				
9. Outstanding Loan Balance				
PAID UP ADDITIONS				
1. Face Value				
2. Cash Value				
NET POLICY SURRENDER VALUE				
DIVIDEND OPTIONS				
1. Paid to Owner				
2. Used to Purchase Addtl. Ins.				
3. Added to Cash Value				
4. Used to Reduce Premiums				
5. Accumulating Interest				
A. Total Accumulated Dividends				
B. Interest Earned for Current Yr.				
C. Date Paid				

Telephone No. (Incl. A/C)

Signature – Insurance Company Representative

Date