LIFE INSURANCE DECLINE REVIEW
& CARRIER RECONSIDERATION

AGENT UNDERWRITING FACT FINDER • **CONFIDENTIAL**

01 CASE & ORIGINAL DECISION

Agent / Agency

Client initials / Case ID

Declining carrier

Product / Coverage requested

Decision date

Decline reason *(exact wording from carrier, if available)*

02 MEDICAL & UNDERWRITING REVIEW

Diagnoses / health conditions *(include dates, control and current status)*

Medications *(name, dosage, purpose and start date)*

Recent labs / tests / abnormal results and dates *(e.g., A1c, BP, cardiac)*

Hospitalizations, surgeries, specialist follow-up or pending tests

02 MEDICAL & UNDERWRITING REVIEW (continued)

Other factors *(tobacco / nicotine, alcohol, build, driving, occupation or avocations)*

03 DOCUMENTATION & NEXT STEPS

Additional details / corrections to carrier information

Possible alternate carrier(s) / underwriting questions for Case Lab

Documents attached *(check all that apply)*

- ☐ Decline letter
- ☐ Medical records / APS
- ☐ Labs / test results
- ☐ Medication list

Agent contact email / phone

IMPORTANT

Obtain client authorization before sending health information. Share only through an approved secure channel.

Carrier criteria vary; a different carrier may still decline, postpone or rate the application.

Submit completed form and documents to Case Lab