

3. Do you know of a life insurance policy that covers the above-named individual?
NO (go to #4) **YES** (complete the following about the policy)

INSURANCE CO. _____ POLICY _____

4. Do you know if the above-named individual is covered by health insurance other than Medicaid or Medicare?
NO (go to #5) **YES** (complete the following about the policy)

INSURANCE CO. _____ POLICY _____

NAME AND ADDRESS OF EMPLOYER OR GROUP PLAN _____

5. Do you know if the above-named individual has an interest in a trust, estate, or lawsuit settlement?
NO (go to #6) **YES** (please describe) _____

6. Do you know if the above-named individual has sold, given away or transferred any cash, real estate or other asset in the last 36 months?
NO (go to #7) **YES** (please describe) _____

7. Many individuals become eligible for income benefits at the time that their parents or spouse retire, become disabled, or die. Please complete the following where applicable:

	MOTHER	FATHER	SPOUSE
DATE OF RETIREMENT	_____	_____	_____
DATE OF DISABILITY	_____	_____	_____
DATE OF DEATH	_____	_____	_____
PLACE OF DEATH	_____	_____	_____

The information given is certified as correct and true to the best of my knowledge.

Signature _____ **Date** _____

Relationship to Individual _____

Home Phone _____ **Business Phone** _____