



LifeMap Assurance Company®
100 SW Market Street
PO Box 1271, MS E8L
Portland, OR 97207-1271

RISK EVALUATION FORM

Group Name: _____

Number of Lives: _____

This statement must be completed at time of sale for new takeover life cases. We require the broker or group to provide this information prior to acceptance of a group.

For Takeover Life Coverage

Are there any current disabled employees? Yes No

If Yes, please confirm that the current carrier has waiver of premium and terminal liability with demographic information. On a separate page, please provide Face Amount, Gender, Date of Birth, Diagnosis, and Date of Disability.

Confirmed No, these are not included in the current contract

Group or Producer Signature

Date

Issue Underwriter's Acceptance of Risk

Date