

DATE:

TIME:

SOURCE:

AGENT:



Pacesetter Advantage
Final Expense

TELESALES LEAD SHEET

FIRST: _____ **M:** _____ **LAST:** _____ **Male Female**
FIRST: _____ **M:** _____ **LAST:** _____ **Male Female**

PHONE NUMBER:(____) _____ - _____ **HOME CELL** **TEXT:** Y N
(____) _____ - _____ **HOME CELL** **TEXT:** Y N

E-MAIL: _____ **ABLE TO VIEW:** Y N

STREET: _____
CITY: _____
STATE: _____
ZIP: _____

(Above information must be completed at time of initial contact.)

AGE: _____ **TOBACCO:** Y N _____ **AGE:** _____ **TOBACCO:** Y N _____
Ht: _____ **Wt:** _____ **Ht:** _____ **Wt:** _____

WORKING / RETIRED / DISABILITY
DIRECT EXPRESS / CHECKING / SAVINGS

HEALTH INFORMATION: _____

PRESCRIPTION INFORMATION: _____

Insulin: _____ **Inhalers:** _____ **Insulin:** _____ **Inhalers:** _____

EXISTING COVERAGE: Y N _____
BENEFICIARIES: _____

STATUS: Closed Follow-Up Sale

FOLLOW-UP:

