



Applicant Refusal Form

(Do not use for AppRight)

Case#: _____

Applicant Name: _____

A note from your agent: In order to expedite the processing of your application for insurance, please be sure to return all pages of the application to the examiner at the time of the exam. Should you decide to retain any pages and submit them at a later date, please be advised that may lead to a potential delay in processing your application. Submitting the completed application package to the examiner is especially important if you are replacing a policy that is coming due or will lapse soon. Please call your agent if you have any questions.

By signing below, I hereby acknowledge the APPS paramedical examiner did ask me to provide the information checked below, but I have either not received this information as detailed below or I am declining to provide this information at this time.

- ☐ I have not received the application packet (applies to packet business where the applicant receives the packet directly from the agent via email or fax).
- ☐ I was given the packet by the examiner, but I am declining to return all or part of the application packet pending further discussions with my agent.
- ☐ I declined to provide the requested financial information (signature, voided check, bank and/or credit card information).

Other, please specify _____

Applicant Signature

Date

Examiner Signature