



Life Insurance Application Information

FIRST NAME: Sy MIDDLE NAME: P. LAST NAME: Vang

ADDRESS: 1246 Glenbrook Ave N Apt. 204 Date: 1-28-22

CITY: Oakdale STATE: MN ZIP: 55128

HOME PHONE: () - - CELL: (651) - 242 - 0178 WORK: () - -

EMAIL: spvg23@adl.com NICOTINE / NON-NICOTINE None

DATE OF BIRTH: 7/23/74 PLACE OF BIRTH: CAUS (If USA State)

SOCIAL SECURITY NUMBER: _____ US CITIZEN Yes No

DRIVERS LICENSE NUMBER: 566910397-2221 State of Issue and Exp. Date: _____

CITES/ACCIDENTS (please list): filed a claim. Driver ran over my foot.

Any Life Insurance in-force on applicant? Amount _____ Company _____ Pol # _____

Amount of Life insurance in-force or applied for on Spouse? _____

Parents and Siblings age and health. (If Deceased: Age Died and Cause) _____

CURRENT HEIGHT & WEIGHT: 5'3" 180 LBS DRIVERS LICENSE HEIGHT & WEIGHT 5'3" 180 LBS

OCCUPATION: Office Admin

NATURE OF DUTIES: Admin

EMPLOYER'S NAME: MN DOT

YEARS EMPLOYED: 2009-2013, 11-24-21 to present

PERSONAL ANNUAL INCOME: \$ 41,000 HOUSEHOLD ANNUAL INCOME attach document

BENEFICIARY NAME: Mung Vang Contingent Beneficiary _____

Brother Relationship: _____

_____/_____/_____ Date of Birth: ____/____/_____

(Including Medications) - Fill out attached form:
BY: Allina Health PRIMARY DOCTOR: _____

_____/_____/_____ Date of Last Visit: _____

not sure
the 2/15
↓

Already email
list of
doctors..



PERSONAL HISTORY FOR iGO

Have you, in the past five years, used Tobacco or Nicotine products in any form (e.g. cigarettes, pipes, cigars, snuff, chewing tobacco or nicotine delivery device such as gum or patch, etc.)? Yes No

If "Yes," provide: Type of Tobacco or Nicotine product: Frequency: Date Last Used

Have you, in the past 10 years, had your driver's license suspended, revoked, pled guilty to, or been convicted of reckless driving, or driving under the influence (DUI/DWI)? Yes No

If "Yes," provide: Type of Violation(s): Location(s): When:

Have you, in the past five years, pled guilty to or had any other driving conviction(s) (e.g. speeding, cell phone/texting, accident, etc.)? Yes No

If "Yes," provide: How many: When was the most recent:

Have you, in the past 10 years, pled guilty to or been convicted of a felony or misdemeanor, or are such charges pending against you, or are you currently on parole or probation? Yes No

If "Yes," provide: Type of Felony(ies) and/or Misdemeanor: Location(s): Date(s):

Have you had an application for life, accident, or health insurance, or reinstatement of a policy, declined, postponed, cancelled, or issued other than as applied for? Yes No

If "Yes," provide: *declined due to health issues like diabetes depression, CAD* Type(s) of Insurance: Final Action: Reason(s): Date(s): *Don't recall ever STD.*

Are you a member of the military, military reserve or National Guard (active or inactive) or do you have a written agreement to become a member at a future date? Yes No

If "Yes," provide: Current Duties: Current Assignment Location:

Have you been alerted or received orders for duty outside the US?

Yes No

Are you currently receiving, or within the next two years do you expect to receive, hazardous duty or incentive pay?

Yes No

Within the next two years, do you plan to travel, work or reside outside the US?

Yes No

Have you, in the past two years, flown as a student pilot, pilot or crewmember (or do you plan to within the next two years)?

Yes No

Have you, in the past two years, or do you plan to in the next two years, take part in hang gliding, para sailing, para kiting, parachuting, skydiving, ultralight, soaring, ballooning, bungee jumping, rock or mountain climbing, organized racing by automobile, motorcycle, powerboat or snowmobile, or underwater diving?

Yes No



MEDICAL HISTORY FOR iGO

<p>Have you lost more than 15 pounds over the past 12 months?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Do you have any congenital or birth disorders including blindness, <u>deafness</u>, missing limb(s), heart defect, Down's Syndrome, <u>Autism</u> or any other congenital disorder?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you, in the past five years, consulted with, been diagnosed or treated by a member of the medical professions or hospitalized, or taken medication for:</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>High blood pressure or high cholesterol/hyperlipidemia?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Chest pain, angina, heart attack, heart murmur, stroke or transient ischemic attack/mini stroke (TIA), irregular heart beat/rhythm, other circulatory or heart disorder or coronary artery/heart disease/atherosclerosis? <u>(CAD)</u></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Cancer, tumor, mass, skin cancer including melanoma, leukemia, lymphoma, colon polyp, or any malignant or benign growth?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><u>Diabetes</u> <u>type 2</u> impaired glucose tolerance (pre-diabetes), gestational diabetes, anemia or other blood disorder (excluding HIV), or disease or disorder of the thyroid, pituitary or adrenal glands?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Disorder of the liver, pancreas, digestive system or spleen including hepatitis, ulcers, intestinal bleeding, cirrhosis, fatty liver, or weight loss surgery?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><u>Depression</u> anxiety, stress, eating disorder (anorexia or bulimia), post-traumatic stress, attention deficit/attention deficit hyperactivity, bipolar or other psychiatric or mental health disorder? <u>adult ADHD</u></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Front

RESIDENT ALIEN
U.S. Department of Justice-Immigration and Naturalization Service

VANG, SY PRASOR

NAME: VANG, SY PRASOR
DOB: 072374
ALIEN NUMBER: A88094548
CLASS: SRM 1C6
LIFE NATURALIZATION CLASS

WAIVED

MINNESOTA DRIVERS LICENSE

NOT FOR FEDERAL IDENTIFICATION

1 VANG
2 SY PRASOR
8 1246 GLENBROOK AVE N
APT 204
OAKDALE, MN 55128-5740

4d ID# S669-103-972-221
3i DOB 07/23/1974
9 CLASS D
12 RESTR 2
9a END NONE

15 SEX M
17 HGT 5-03"
18 EYES BRO

17 WGT 180 lb
18 EYES BRO

5i DO 00000004504371
07/23/174

03/25/2021
07/23/2023

SOCIAL SECURITY

473-54-1994

SY P VANG

SIGNATURE

Back

FORM 1-551 JAN. 77

PERSON IDENTIFIED BY THIS CARD IS ENTITLED TO RESIDE PERMANENTLY AND WORK IN THE U.S.

ALLEN REGISTRATION RECEIPT CARD

22094542	1	1	39
A NUMBER	ISS/T	CK	
4497	24407	55223	22274
PBD	IDW 1	IDW 2	IDW 3
4497	24407	55223	22274
PARITY 2	PARITY 1	PARITY 2	PARITY 1
040176	039	22520	9365122
ADM/ADJ DATE	COB	ISS CODE	SOUNDEX

• *Transfer from social security to Medicare*
 • *lose your card -- to get a duplicate card.*
 • *change your name -- to get a card in your new name.*
 • *be unable to work because of a severe disability reported to last a year or more.*
 • *are 62 or older -- to ask about retirement checks.*
 • *and within 2 or 3 months of age 65, even if you don't plan to retire -- to sign up for Medicare.*



Department of Health and Human Services
 Social Security Administration
 Washington, D.C. 20340 (S-80)

CLASS: D-Single Veh or combination up to 26,000 lbs. GVWR/GCMR

END: None

RESTR: Corr. Lenses

Living Will/Healthcare Directive

Family Members	Ages	Gender	Relationship	Health Issues
Kao	73	m	dad	Suffered heart attack and survived
la	69	f	mom	
Sy	48	m	self	
Pa	46	f	sister	
Mong	42	m	brother	
Julie	45	f	sister	
Shoud	40	f	sister	
Brenda	44	f	sister	
Hannah	26	f	sister	
Samantha	30	f	sister	
Yafej	32	m	brother	
Elijah	33	m	brother	