Underwriting Ques	2					
Accelerating the			HH Truist Life Insurance Services			
Underwriting	<b>Proce</b>	ess				
Please answer all questions applicable to the client's medical history.						
Producer Name	Phone	Date				
Client Name	Date of Birth		_			
□ Male □ Female Face Amount		Max Premium \$	/yr.			
Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No						
Frequency	Date of last use		_ Туре			
Amount applied for Plar	Plan of insurance		Date of last doctor visit			
Reason for last doctor visit			Date of last labs			
Medical conditions						
Current build Current blood pressure						
Has the client ever been diagnosed with COVID-19 or asked to be quarantined within the past 30 days  Yes  No						
Travel outside the U.S. within the past 30 days 🗌 Yes 🗌 No 🛛 If yes, countries/cities traveled to and length of stay						

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

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