## Underwriting Questionnaire **Anemia**

HH Truist Life Insurance Service
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Producer Name	Pho	one	Date	_	
Client Name	Da	te of Birth			
☐ Male ☐ Female	Face Amount	Max Premi	um \$ /yr.		
☐ Term ☐ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No					
Frequenc <u>y</u>	Date of	last use	Туре		
Type of Anemia  Sickle cell (select type of Sickle cell) Sickle cell B0 or B+ Sickle cell trait hgb C  Iron deficiency Hemorrhagic Sideroblastic Inherited Acquired Hemolytic Inherited Acquired Thalassemia Inherited Acquired Chronic Disease					
Select any complications  Necrosis of bones Enlarged heart	☐Kidney problem	☐Blood transfusion	☐Blood clots ☐Liver or spleen	and calls)	
Current hgb (hemoglobin) Current hct (hematocrit) Current rbc (red blood cells)					
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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