Underwriting Questionnaire Attention Deficit Disorder/ Hyperactivity Disorder (ADD/HD)

Producer Name		_ Phone	Date	<u></u>	
Client Name		_ Date of Birth			
🗌 Male 🔲 Female	Face Amount		Max Premium \$	/yr.	
□ Term □ Permanent	Has the client ever	used any form of tob	acco (cigarettes, cigars, p	ipe, snuff, etc.)? □Yes	5 🗆 No
Frequency		Date of last use		Туре	
Date of diagnosis Is the client on any medica Yes, provide deta No	ations				
Suicidal thought	disorder der r or oppositional disorder fattempt				
Has the client ever been h Yes, provide deta			nent		
If school-age, is the client Yes, provide deta	in regular class for age ils				

List any other major health problems the client has:

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