

# Underwriting Questionnaire

## Barrett's Esophagus

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 \_\_\_\_\_ Type \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Has the client had any of the following treatments

Follow-up endoscopy(s) Date(s) \_\_\_\_\_  
 Surgery Date \_\_\_\_\_

Are any of the following present **(if yes, provide pathology report)**

- Dysplasia - low grade  
 Dysplasia - high grade  
 Metaplasia

Is the client on any medications

Yes Provide details \_\_\_\_\_  
 No

Alcohol usage

Type \_\_\_\_\_  
Frequency \_\_\_\_\_

List any other major health problems the client has: