Underwriting Questionnaire Chronic Obstructive Pulmonary Disease (COPD)

HH Truist Life Insurance Services

Producer Name Pr	none	Date	_
Client Name D	ate of Birth		
☐ Male ☐ Female Face Amount	Max Prem	ium \$ /yr.	
☐ Term ☐ Permanent Has the client ever used a	iny form of tobacco (cigare	ttes, cigars, pipe, snuff, etc.)	? □Yes □No
Frequency Date o	of last use	Type	
Date of diagnosis			
Type of lung disease diagnosed Asthma			
Has the client ever been hospitalized for this condition Has a pulmonary function test (breathing test) ever been of			
Has a chest x-ray been done □Yes □No If yes, provi	de date F	Results	
Has an ECG been done recently □Yes □No If yes, p	rovide date	_ Results	
What is the client's build Height W	/eight		
Is the client using oxygen? Yes No If yes, provide	e date(s)		
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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