Underwriting Questionnaire
Chronic Pain

Truist Life Insurance Services

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 ___________________________

What medical condition or impairment is the source of the chronic pain ______________________ Date of onset ________

If due to injury, describe how the client was injured and symptoms experienced as a result ______________________

Is narcotic pain medication taken ☐ Yes ☐ No If yes, advise name of the medication(s), dosage(s) and frequency taken ________

Is the client prescribed medical marijuana ☐ Yes ☐ No If yes, advise prescription details to include how much and how often it is used and method (smoked, ingested, drops, etc.) ______________________

Has the client ever used more medication then what is prescribed ☐ Yes ☐ No If yes, provide details ______________________

Will the client be on narcotic pain medication long term or is this use temporary __________________ If temporary, when does he/she expect to be off medication ______________________

How often does the client see his/her doctor or pain management specialist ______________________

Is the client significantly impaired in a normal day-to-day activities ☐ Yes ☐ No If yes, advise what limitations the client has ______________________

On a pain scale of 1 to 10, how does the client describe his/her level of pain (circle a number) (very mild) 1 2 3 4 5 6 7 8 9 10 (severe)

Does the client attend support groups and/or chronic pain rehabilitation program such as physical therapy or other ☐ Yes ☐ No
If yes, provide details ______________________

What is the client's occupation ______________________ Is the client currently working ☐ Yes ☐ No

For Financial Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non-registered products only. Insurance products are offered through Truist Life Insurance Services, a division of Crump Life Insurance Services, Inc., AR license #100103477. Products and programs offered through Truist Life Insurance Services are not approved for use in all states. Updated April 13, 2020

© 2020 Truist. All Rights Reserved.

Underwriting Questionnaire

Truist Life Insurance Services

Chronic Pain

Is the client on disability ☐ Yes ☐ No If yes, date he/she went on disability______________________________

Is the disability going to be ☐ permanent or ☐ temporary If temporary, advise approximate duration of disability________________

Has the client ever had a history of anxiety, depression, or other mental health condition ☐ Yes ☐ No If yes, provide full details

____

Has the client ever had a history or drug or alcohol abuse ☐ Yes ☐ No If yes, provide full details______________________________

____

Does the client currently drink alcohol ☐ Yes ☐ No If yes, provide amount per sitting and frequency of use____________________

____

Does the client use any recreational drugs ☐ Yes ☐ No If yes, advise type and frequency of use______________________________

____

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

List any other major health problems the client has:

For Financial Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non-registered products only. Insurance products are offered through Truist Life Insurance Services, a division of Crump Life Insurance Services, Inc., AR license #100103477. Products and programs offered through Truist Life Insurance Services are not approved for use in all states. Updated April 13, 2020

© 2020 Truist. All Rights Reserved.