Underwriting Questionnaire

HH Truist Life Insurance Services

Express Underwriting

Producer Name	Pho	one	Date		
Client Name	Da	Date of Birth		Male Female	
Client Height	Client Weight	Client Stat	e of Residence		
Does your client participat ☐ Yes ☐No If yes, pleas	e in any hazardous activities, ho e provide details including type	obbies or sports such as se e of activity, how often pu	cuba diving, rock climbing rsued and date of last pa	g, piloting or vehicle racing? rticipation.	
Has your client had any m □Yes □No If yes, provi	oving violations in the last five y de approximate dates and deta	years, such as speeding tionils.	ckets, accidents, or a DUI	in the last 10 years?	
ls your client a U.S. citizen become US citizen.	? □Yes □No If no, provide	details. Include date of er	ntry to US, country of citiz	enship, type of visa and plans to	
Has your traveled internat □Yes □No If yes, to wh	ionally in the past two years or nat countries, for how long and	is your client expecting to for what purpose?	travel internationally wit	hin the next two years?	
Any nicotine use of any kir or stopped, etc.?	nd within the last 5 years? \Box Yo	es □No If yes, what typ	pe (Nicorette gum, patche	es, occasional cigars, etc.), current use	
List any significant medica complications of pregnand	l history (including, but not limi cy, abnormal lab results, diabete	ited to, elevations in blood es, disorder of kidney, live	d pressure or cholesterol, r or heart, etc.).	anxiety/stress, depression, cancer,	
Is your client taking any m	edications? □Yes □No If y	es, what medication, dosa	nge, and for what condition	on?	
	disease, cancer or diabetes prio irrent age or age of death, etc.)	r to age 70 in either parer	nt or siblings? □Yes □N	lo If yes, provide details (relation,	
Has your client lost or gair gained/lost and reason.	ned more than 10 pounds in the	e past 12 months? □Yes	□No If yes, provide d	etails including amount of weight	

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