

# Underwriting questionnaire

## Human Immunodeficiency Virus (HIV)

Please answer all questions applicable to the client's medical history.

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ State of Sale \_\_\_\_\_

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 \_\_\_\_\_ Date Antiretroviral Therapy (ART) started \_\_\_\_\_ History of resistance to ART  Yes  No

Lapses or delays in ART since starting therapy  Yes  No Continuous monitoring with physician  Yes  No

Viral load undetectable  Yes  No How long has viral load been undetectable \_\_\_\_\_

Date of most recent viral load test \_\_\_\_\_

Has the client had CD4 T-lymphocyte (CD4) count of 350 cells/mm<sup>3</sup> or higher for at least two years including a current CD4 count?  Yes  No

Most recent CD4 count \_\_\_\_\_ Date of most recent CD4 count \_\_\_\_\_

Any history of co-infections (e.g., Hepatitis B or C, Mycobacterium tuberculosis)  Yes  No If yes, please explain

Any co-morbid conditions (e.g., diabetes or coronary artery disease)  Yes  No If yes, please explain

Any history of drug or alcohol abuse? If yes, please explain.  Yes  No

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List all medications including those used in treatment

Name of Medication (prescription or otherwise)	Date Started	Quantity Taken	Frequency Taken

List any other major health problems the client has: