Underwriting Questionnaire **Lyme Disease**

HH Truist Life Insurance Service

Producer Name	Phone		Date		
Client Name	Date of Birth				
☐ Male ☐ Female Face Amount		Max Premiu	um \$ /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 Stage of disease (see examples of staging below for reference)					
Stage 1 - acute/caught very early, usually asymptomatic with good response to treatment Stage 2 - may experience neurological or other complications (e.g. headaches, fatigue, muscle pain, fibromyalgia, other) Stage 3 - chronic/incurable or never treated with ongoing complications and/ or residuals The Lyme Disease? Yes No If yes, please provide full details					
How was the disease treated? Oral doxycycline Amoxicillin Erythromycin Other antibiotic or IV medication					
Date treatment ended Is the disease still present?					
If fully recovered, provide a date the client was deemed fully recovered					
Are there any ongoing complications or residuals? Yes No If yes, please provide full details					
Name of Medication (prescription or otherw	rise) Date	es 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. PAGE 1 OF 1