Underwriting Questionnaire Monoclonal Gammopathy

| Producer Name | _ Phone | Date | | | |
|---|------------------|---------------|--------|--|--|
| Client Name | _ Date of Birth | | | | |
| □ Male □ Female Face Amount | Ma | ax 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 | Туре | | | |
| Date of first diagnosis | | | | | |
| Was a bone marrow biopsy done? Yes No Provide the most recent readings for Serum Protein/Serum Electrophoresis BUNCreatinine Urinalysis M Protein | | | | | |

Have the elevated protein (Ig) levels remained stable since diagnosis?

| 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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