

Underwriting Questionnaire Monoclonal Gammopathy

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 _____

Date of first diagnosis _____

Was a bone marrow biopsy done? Yes No If yes, provide details _____

Provide the most recent readings for

- Serum Protein/Serum Electrophoresis _____
- BUN _____
- Creatinine _____
- Urinalysis _____
- M Protein _____

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

Yes No If yes, provide details _____

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

List any other major health problems the client has: