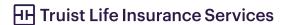
Underwriting Questionnaire **Multiple Sclerosis**



Producer Name			Phone		Date			
lient Name		Da ⁻	te of Birth <u>.</u>			-		
☐ Male ☐ Female Face Amount			Max Premium \$ _			/yr.		
☐Term ☐Permanent	Has the clie	nt ever used an	y form of t	obacco (cigaret	tes, cigars, pipe	e, snuff, etc.)?	□Yes □No	
Frequency		Date of	Date of last use			Type		
rate of first diagnosis								
ype of multiple sclerosis □Relapsing-remination of the condition of the c	tting	□ Progressive □ Evoked Pote	ntials 🗌		signs or symp ^r	,	ars)	
Approximate Date of Attack(s)	Duration of Attack(s)		Residual Effects			Specify Impairment for Residual Effects		
		□None]Minimal	□Moderate	□Severe			
		□None □]Minimal	□Moderate	□Severe			
		□None □]Minimal	□Moderate	□Severe			
		□None	Minimal	□Moderate	□Severe			
there is a disability, pro EDSS Score Vork status □Currently work	(0 thru	ı 10) Öor descrip						
Name of Medication (prescription or otherwise)			Dates Used Quant		Quantity	y Taken	Frequency Taken	
		,				-	. ,	

List any other major health problems the client has:

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