

Underwriting Questionnaire

Multiple Sclerosis

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 _____

Type of multiple sclerosis

Relapsing-remitting Progressive Benign (no signs or symptoms for 5+ years)

How was the condition diagnosed MRI Evoked Potentials Other _____

Approximate Date of Attack(s)	Duration of Attack(s)	Residual Effects	Specify Impairment for Residual Effects
		<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
		<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
		<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
		<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	

If there is a disability, provide the score for the Expanded Disability Status Scale (EDSS) or describe the disability

EDSS Score _____ (0 thru 10) or description _____

Work status

Currently working On disability

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

List any other major health problems the client has: