

Underwriting Questionnaire

Pancreatitis

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 diagnosis _____ Cause _____

Have any of the following symptoms occurred?

Cyst, Pseudocyst Abscess Stone Other _____

Was the client incapacitated from work due to the pancreatic disorder?

Yes No; if yes, when and for how long _____

Was the client hospitalized?

Yes No; if yes, provide date(s) _____

Was any surgery performed?

Yes No; if yes, provide details _____

Describe frequency of attacks

Any alcohol consumption

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: