

Underwriting Questionnaire

Prescription Underwriting Supplement

Please answer all questions applicable to the client's medical history.

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 _____

Exact name of medication(s) _____

Exact diagnosis that precipitated prescription _____

Dosage _____

Results of recent surveillance testing _____

Has the client been compliant with the medication? Yes No

Has the client has any adverse effects from the medication? Yes No

Has the client been prescribed medication by his/her doctor that he/she has decided to discontinue on his/her own? If yes, please explain