

Medical Inventory

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Health Questionnaire / Informal Application

Agent Name: _____

Client Name: _____ DOB: _____

Male Female Height: ___ ft ___ in Weight: _____ Weight lost in past year: _____

Intended face amount: \$ _____ Term UL SUL

Has the client ever used nicotine? Yes No Product: _____ Frequency: _____ Last used: _____

Has this case been rated by another carrier, or shopped? Please provide details. _____

Are specific carriers being considered? Please list in order of preference. _____

Is the agent aware of any underwriting issued (e.g., aviation, occupation, travel) _____

Is there a parent or sibling who has had cancer , diabetes , stroke , or heart disease ? If yes, please check the appropriate condition, list the relationship, and provide age at diagnosis and/or death.

Do you have diabetes? Yes No Date of diagnosis: _____

Current A1C: _____ Type I Type II

Current BP: _____ Total Cholesterol Level: _____ HDL: _____ LDL: _____

Known medical conditions with details (e.g., cardiac issues, cancer, complications of diabetes). _____

