Underwriting Questionnaire | Colitis/Crohn's Disease

Underwriting

Financial Professional Information

Name:_____ Phone: _____ Date:_____

Client Information

Name:_____ Date of Birth: _____ State of Residence:_____

☐ Male ☐ Female Height:_____ft._____in. Weight:_____lbs.

Face Amount:_____ Max Premium $_____/yr.

Desired Life Insurance Type: ☐ 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 diagnosis ☐ ColitisCrohn's ☐ Disease

Date of first diagnosis_ Date of most recent episode_ Total number of episodes_

Number of episodes in past 6 months_____ Longest duration_____(days, weeks, months)
Number of episodes in past 5 years_ Longest duration_ _(days, weeks, months)

What conditions have been diagnosed

- ☐ Irritable bowl syndrome
- ☐ Mucous colitis
- ☐ Chronic proctitis (rectum)
- ☐ Frequent colon spasms
- ☐ Spastic colitis
- ☐ Chronic ulcerative colitis
- ☐ Frequent diarrhea
- ☐ Catarrhal colitis
- ☐ Crohn's disease
- ☐ Ulcerative proctitis
- ☐ Ulcerative proctosigmoiditis
- ☐ Ischemic colitis
- ☐ Other_

Is the diagnosis considered ☐ Mild ☐ Moderate ☐ Severe

Date of last Colonoscopy_ Result_

Date of last Sigmoidoscopy_____ Result_

Any significant effect on day-to-day functionality or any time lost from work as a result of the condition ☐ Yes ☐ No If yes, provide details

Any complications? If yes, please provide details below:

Has the client ever been hospitalized for the condition ☐ Yes ☐ No If yes, provide date(s)_

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

List any other major health problems the client has:

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