Underwriting Questionnaire | Lupus

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:_____

Date of diagnosis_____ Type ☐Discoid Lupus ☐Systemic (disseminated) Lupus (SLE)

Which organs/tissues have been involved
☐Skin ☐Kidneys ☐Central nervous system ☐Other_____

Select if the client has had any of the following
☐Low blood counts ☐lung involvement (pleuritis) ☐Proteinuria ☐Heart involvement (pericarditis)

Has the condition disappeared completely? ☐Yes ☐No If yes, date of last treatment _____

If the condition has ever disappeared, has it relapsed? ☐Yes ☐No If yes, complete the information below

Initial lupus episode Date started_____ Date ended_____

Condition's most recent disappearance Date started_____ Date ended_____

Condition's most recent relapse Date started_____ Date ended_____

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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