Underwriting Questionnaire | Multiple Sclerosis

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 first diagnosis_____

Type of multiple sclerosis

☐Relapsing-remitting ☐Progressive ☐Benign (no signs or symptoms for 5+ years)

How was the condition diagnosed ☐MRI ☐Evoked Potentials ☐Other_____

Approximate Date of Attack(s)	Duration of Attack(s)	Residual Effects	Specify Impairment for Residual Effects
		☐None ☐Minimal ☐Moderate ☐Severe	
		☐None ☐Minimal ☐Moderate ☐Severe	
		☐None ☐Minimal ☐Moderate ☐Severe	
		☐None ☐Minimal ☐Moderate ☐Severe	

If there is a disability, provide the score for the Expanded Disability Status Scale (EDSS) or describe the disability

EDSS Score_____ (0 thru 10) or description_____

Work status

☐Currently working ☐On disability

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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