

Agent Name: _____ Agent Phone: _____ Agent Email: _____

CLIENT NAME: _____ **Date:** _____
☐ Male ☐ Female Date of birth: _____ Height: ____' ____" Weight: _____
Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____
Type of Coverage: ☐ Term ☐ UL ☐ Survivor |
Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use below to provide details

| | Age, Living | Age, Death/Reason | Medical hx, age of onset |
|------------|-------------|-------------------|--------------------------|
| Father | | | |
| Mother | | | |
| Sibling(s) | | | |

1. Type I ☐ Type II ☐ Date first diagnosed: _____
2. How often does your client visit his/her physician?: _____
 When was the last visit? _____
3. The client's diabetes is controlled by:
☐ Diet alone
☐ Oral medication (medication and doses) _____
☐ Insulin - injection (amount and units/day) _____
4. Does client monitor his/her own blood sugar? _____
5. If available, please give the most recent A1C reading and date: _____
6. Please check if your client has (had) any of the following:

| | | |
|--|---|---|
| <input type="checkbox"/> Chest pain or coronary artery disease | <input type="checkbox"/> Protein in the urine | <input type="checkbox"/> Elevated Cholesterol |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Neuropathy (feet) | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Retinopathy (eyes) | <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> Hypertension |

7. Is client on any medications now? (Name, dosage, and reason)

| Name of Medication | Dosage | Reason |
|--------------------|--------|--------|
| | | |
| | | |
| | | |
| | | |

8. Does client have any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

The above information is for preliminary underwriting purposes only and will not be made part of any contract.