

ANXIETY DISORDERS

Agent Name:	Agent Phone:	Agent Email:		
Type of Coverage: Term UL Coverage Amount: Has proposed insured had a parent	Height:' ly stopped Date stopped: □ Survivor Type of Coverage Anticipated Pre FAMILY t, brother or sister who had cancer	_" Weight: Use now Typ ge:	e of nicotine product: urvivor UL idney disease or who committed suicide?	
If yes, use sep	parate sheet to provide this inform PROPOSED INSURED'S E		set and date of death	
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?	
1. Date of diagnosis:				
2. \square Generalized anxiety disorder	☐ Panic disorder			
☐ Obsessive compulsive disorder ☐ Post-traumatic stress syndrome				
☐ Agoraphobia	Other anxiety disorder _			
3. Indicate the number of episodes and da	ate of last episode/recovery:			
4. Is client on any medications: \square No	☐ Yes; please provide name and c	losage		
5. Has client been hospitalized or seen in dates and lengths of stay.	• •		•	
6. Does client have a history of any of the	following associated conditions?	(check all that apply)		
☐ Depression	☐ Depression ☐ Suicidal thought/attempt			
☐ Substance abuse (alcohol or drugs) ☐ Other psychiatric disorder				
7. Is the client currently working? $\ \square$ No	o ☐ Yes (occupation)			
8. Has any time been lost from work as a				
9. Please list current medications (includi	ing aspirin), (accurate name, dosa	ge, and reason):		
(Accurate) Name of Medication	Dosage	Reason		
10. Are there any other health issues? (ac	dditional questionnaires may be re	quired) 🗆 No 🗆 Yes; plea	ise give details	

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