

Field Underwriting Questionnaire - General Purpose

| Applicant Info: | |
|-----------------|----------------------|
| Name: | Build (Ht/Wt): |
| DOB: | Tobacco Use History: |
| Covg Amt: | Plan (Term or Perm): |

| Health History: | |
|---|---|
| <input type="checkbox"/> Yes Any <u>family</u> history (parents or siblings) of heart disease or cancer, prior to age 60? <input type="checkbox"/> No | Details: |
| <input type="checkbox"/> Yes Any significant weight loss, of more than 10 lbs, in the past 12 months? <input type="checkbox"/> No | Details: |
| <input type="checkbox"/> Yes Any history of diabetes, hypoglycemia, or other blood sugar abnormalities? <input type="checkbox"/> No | Date/age of diagnosis: Rx: A1c reading: |
| <input type="checkbox"/> Yes Any history of hypertension, heart disease or any cardio/vascular disease? <input type="checkbox"/> No | Details: Avg bp reading: |
| <input type="checkbox"/> Yes Any history of elevated cholesterol, lipids or elevated liver function tests? <input type="checkbox"/> No | Details: Chol/HDL ratio: |
| <input type="checkbox"/> Yes Any history of depression, anxiety or other mental nervous disorder? <input type="checkbox"/> No | Details: # of Rx: |
| <input type="checkbox"/> Yes Any other Rx, significant health issues, recent surgeries, hospitalizations or ER visits? <input type="checkbox"/> No | Details: |

| Lifestyle Info: | |
|--|-----------------------|
| <input type="checkbox"/> Yes Do you participate in any hazardous sports, activities, or occupation that may be hazardous? <input type="checkbox"/> No | Details: |
| <input type="checkbox"/> Yes Have you had two or more moving violations in the past 2 yrs, or DUI/wreckless in past 5 yrs? <input type="checkbox"/> No | Dates and/or Details: |
| <input type="checkbox"/> Yes Do you have a regular exercise program, 30 minutes or more, at least 3 times/week? <input type="checkbox"/> No | Details: |