Underwriting Classification Questionnaire

Name: _____ DOB: _____

Tobacco Use? Yes ☐ No ☐ Male ☐ Female ☐

If No, # of years with no tobacco use: _____

If Yes, check all that apply: Cigarettes - # of packs per day _____

Cigars - # per day/week/month _____

Pipe - # pipefulls per day/week/month _____

Other (specify type) _____ Amount per day _____

Smokeless Tobacco: Chewing Tobacco ____

E-Cigarette ☐

Other (specify type) _____ Amount per day _____

Build: Height _____ Weight: _____ Weight 1 year ago: _____

Family History:

Does any family member (parents or siblings), age 70 or younger, have a history of cardiovascular disease, cancer, diabetes, stroke, or familial disease? Yes ☐ No ☐

Has any family member died at age 60 or young from cardiovascular disease, cancer, diabetes, stroke, or familial disease? Yes ☐ No ☐

If YES, state present age, relationship, disease entity or age at death and disease entity:

Relationship	Living	Deceased	Cancer	Cardiovascular	Age

Total Cholesterol Reading: _____ On medication? Yes ☐ No ☐

Cholesterol/HDL Ratio: _____

Blood Pressure reading (average): _____ On medication? Yes ☐ No ☐

Any history of substance abuse? Yes ☐ No ☐

If yes, details _____

List current medications and dosage:

_____

_____

Do you have plans for future foreign travel (when, where, duration):

_____

Have you ever been convicted of a DUI or DWI? Yes ☐ No ☐

Do you fly an airplane? Yes ☐ No ☐

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