

Underwriting Classification Questionnaire



SPECIFIC SOLUTIONS, INC.

The Life, Annuity, Long Term Care, & Disability Income Problem Solvers

General Information

Name: _____

DOB: _____

Gender: ☐ Male ☐ Female

Tobacco Use? ☐ Yes ☐ No

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

If Yes, check all that apply:

Smokeless Tobacco:

☐ Cigarettes - # of packs per day _____

☐ Chewing Tobacco - # & frequency of use _____

☐ Cigars - # & frequency of use _____

☐ E-Cigarette - # & frequency of use _____

☐ Pipe - # & frequency of use _____

☐ Other - (type, amount, & frequency) _____

Marijuana Use? ☐ Yes ☐ No

If Yes, describe usage: ☐ Recreational ☐ Medicinal ☐ Other _____

Method of use, check all that apply:

If Medicinal, do you have a prescription: ☐ Yes ☐ No

☐ Smoking ☐ Vaping ☐ Edibles ☐ Other _____

Frequency of use: _____

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 (parents or siblings) died at age 60 or younger from cardiovascular disease, cancer, diabetes, stroke, or familial disease? ☐ Yes ☐ No

If Yes, state present age, relationship, & disease entity OR age at death & disease entity:

Relationship	Living	Deceased	Cancer	Cardiovascular	Age

Vitals & Medical Information

Build: Height _____ Weight _____ Weight 1 year ago (& reason for change) _____

Blood pressure reading (average): _____

On medication? ☐ Yes ☐ No

Total cholesterol reading: _____

Cholesterol/HDL ratio: _____

On medication? ☐ Yes ☐ No

List current medications & dosage: _____

Additional Information

Any history of substance abuse? ☐ Yes ☐ No

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

Do you fly an airplane? ☐ Yes ☐ No

Do you scuba dive? ☐ Yes ☐ No

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