

# UNDERWRITING QUESTIONNAIRE



**Agent Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Agent Email:** \_\_\_\_\_ **State of Issue/Delivery:** \_\_\_\_\_  
**Proposed Insured's Name:** \_\_\_\_\_ ☐ M ☐ F **Date of Birth:** \_\_\_\_\_  
**Height:** \_\_\_\_ ft. \_\_\_\_ in. **Weight:** \_\_\_\_\_ lbs. **Current Cigarette Smoker?** ☐ No ☐ Yes  
**Ever a cigarette smoker?** ☐ No ☐ Yes **Date of last cigarette use:** \_\_\_\_\_  
**Any other tobacco use?** (cigar, pipe, snuff/chew, patch, gum, e-cigarette, vape) ☐ No ☐ Yes  
**If yes, provide details:** \_\_\_\_\_ **Date of last use (other form):** \_\_\_\_\_  
**Face Amt:** \_\_\_\_\_ **Riders Desired:** ☐ LTC/CI ☐ Other (provide details below) ☐ Term ☐ Perm ☐ Surv.

## RHEUMATOID/JUVENILE/PSORIATIC ARTHRITIS

**Date of diagnosis:** \_\_\_\_\_ **Type of Arthritis:** \_\_\_\_\_

**Which joints have been involved?** \_\_\_\_\_

**Has the condition ever completely disappeared?** ☐ No ☐ Yes

**If yes, when did it disappear?** \_\_\_\_\_

**If the condition has ever disappeared, has it relapsed?** ☐ No ☐ Yes

**If it has relapsed, please indicate the dates the condition disappeared and reappeared. Also, please indicate if there are any known variables that trigger the onset of the condition or lead to remission (such as change in climate, location, etc.).**

**What medications were/are being used to control the arthritic condition or any other condition affecting the proposed insured?**

Name of Medication (Prescription or otherwise)	Dates used	Quantity Taken	Frequency Taken

**Please provide additional details about the proposed insured's medical condition:**

Please use the fillable fields to complete the form, then save and email to our underwriting team at [underwriting@dbs-lifemark.com](mailto:underwriting@dbs-lifemark.com).  
 You may also print and fax completed form to 952.697.5003. Questions? Call the Underwriting Team at x2312.

