

## UNDERWRITING QUESTIONNAIRE



**Advisor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Advisor 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.

## BLOOD DISORDER / ANEMIA

**Type of Anemia:**

- ☐ Iron Deficiency      ☐ Aplastic      ☐ Thalassemia  
☐ Sickle Cell      ☐ Other \_\_\_\_\_

**Specific Cause of Anemia:** \_\_\_\_\_

**Severity:** ☐ Mild      ☐ Moderate      ☐ Severe

**Has spleen been removed?** ☐ No ☐ Yes

**Complete blood count: (Very important – cannot accurately offer without this information.)**

**Hemoglobin:** \_\_\_\_\_ **Hematocrit:** \_\_\_\_\_

**Any history of complications?** ☐ No ☐ Yes **If yes, provide details/dates:** \_\_\_\_\_

**Please provide information on medications currently taking, including preventative aspirin:**

Name of Medication (Prescription or Otherwise)	Dates Used	Quantity Taken	Frequency Taken

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

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.

