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 last used: _____
Any other tobacco use? (cigar, pipe, snuff/chew, patch, gum, e-cigarette) ☐ No ☐ Yes
If yes, provide details: _____
Last date any form of tobacco used?_____Face Amt:$_____ ☐ Term ☐ Perm ☐ Surv.

BRAIN TUMOR

Date of diagnosis: _____ Date of last treatment: _____

If possible, please include a copy of the pathology report.

Type of tumor:

☐ Glioma ☐ Astrocytoma ☐ Meningioma ☐ Oligodendroglioma ☐ Medulloblastoma
☐ Pineoblastoma ☐ Pineocytoma ☐ Sarcoma ☐ Schwannoma

Stage

☐ I ☐ II ☐ III ☐ IV

Treatment

☐ Surgical resection ☐ Radiotherapy ☐ Radiation ☐ Radioactive implants

Describe any limitations in physical or cognitive function:

Describe any additional treatment for complications (e.g. seizures):

Describe any evidence of recurrence:

Does the proposed insured take any medications (prescription or otherwise) at this time? ☐ No ☐ Yes
If yes, please provide name of medication and dosage:

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.
You may also print and fax completed form to 952.697.5003. Questions? Call the Underwriting Team at x2312.