

## 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.

## DEMENTIA & ALZHEIMER'S DISEASE

Date of initial professional diagnosis or reports in Medical Records regarding "memory loss" or similar: \_\_\_\_\_

Approximate date of onset of symptoms as reported by proposed insured: \_\_\_\_\_

Name of the type of dementia diagnosed: \_\_\_\_\_

Please check all of the following activities the proposed still does regularly and independently:

☐ Manages financial affairs ☐ Drives a car ☐ Buys groceries ☐ Has an active social life with friends, family

Please indicate the impact of the dementia for the proposed insured:

- ☐ Occasional forgetfulness only
- ☐ Moderate forgetfulness, but still fully functional and living independently
- ☐ Needs daily supervision to do every day things, such as taking medicine
- ☐ Can no longer function independently; no longer able to drive; acts disoriented
- ☐ Assistance needed with any Activity of Daily Living
- ☐ Legal guardianship assigned to someone else

Is the proposed insured taking any medication to control the condition? ☐ Yes ☐ No

If yes, indicate name of medication, dosage, and frequency \_\_\_\_\_

Are there any other medical conditions, such as high blood pressure, diabetes, heart disease, or cancer? If yes, please describe:

Please provide additional details about the proposed insured's medical history, including any factors that may be relevant to assessment of the insurability of this individual:

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.

