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.

DEPRESSION / ANXIETY/PTSD

Date of initial and subsequent episodes of depression: _____

What specific type(s) of depression has/have been diagnosed?

- ☐ Bipolar Disorder (mixed)
- ☐ Bipolar Disorder (manic)
- ☐ Bipolar Disorder (depressed)
- ☐ Dysthymia
- ☐ Major depression
- ☐ Other: _____
- ☐ PTSD
- ☐ Anxiety
- ☐ Situational depression

What type of medications are used to control the condition? Please provide name of medication and dosage:

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

Has dosage or medication changed in the last year? ☐ Yes ☐ No If yes, please describe medication and dosage taken previously.

Has the proposed insured ever been hospitalized or gone to the Emergency Room for any depression/anxiety symptoms?

☐ Yes ☐ No Date(s): _____

Has the proposed insured been treated with any other treatment other than medication? ☐ Yes ☐ No

- ☐ Counseling/Therapy
- ☐ ECT Date of Last Treatment _____
- Other ☐ Explain _____

Has the proposed insured had (or been diagnosed with) any of the following conditions:

- ☐ Alcohol/Drug abuse – date of last use: _____
- ☐ Anorexia/Bulimia nervosa – Date diagnosed: _____ Remission date: _____
- ☐ Personality/Psychotic disorder – Date diagnosed and exact name of condition: _____
- ☐ Suicidal thoughts/attempts – Date of last such thought/attempt: _____
- ☐ None

The proposed insured is:

☐ Currently working ☐ On disability ☐ Other/Retired (Explain) _____

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