

## 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.

### HEMOCHROMATOSIS / EXCESSIVE IRON IN BLOOD

Date of diagnosis: \_\_\_\_\_ What led to the diagnosis? \_\_\_\_\_

When the proposed insured was first diagnosed, how many blood draws (phlebotomies, venesections) were done and in what time frame?

Is the proposed insured now on a regular blood draw schedule? ☐ Yes ☐ No If yes, how often? If no, why not?

Date of last phlebotomy: \_\_\_\_\_

How often does the proposed insured have regular health check-ups? \_\_\_\_\_

***For the following questions, please check with your health care provider if you do not know and list any recent abnormal levels in the following table. These values are important for us to help you get a realistic idea of premiums before completing a formal application of insurance for a specific company.***

Was the proposed told that all liver function tests were normal? ☐ Yes ☐ No Date of most recent test: \_\_\_\_\_

Test values were as follows: GGTP: \_\_\_\_\_ SGOT/AST: \_\_\_\_\_ SGPT/ALT: \_\_\_\_\_

Have there been any abnormalities or effects on other organs or tissues? If yes, please describe:

Please provide information on any medications currently taking:

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@dbb-lifemark.com](mailto:underwriting@dbb-lifemark.com).

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

