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.

HEPATITIS

Date of diagnosis:_____

How was the proposed insured infected? _____ Current symptoms: _____

The hepatitis has been diagnosed as:

- ☐ Acute Viral Hepatitis A Resolved
- ☐ Acute Viral Hepatitis B Resolved
- ☐ Chronic Active Hepatitis B Unresolved
- ☐ Chronic Persistent Hepatitis C
- ☐ Other (Describe): _____
- ☐ Hepatitis A Unresolved
- ☐ Chronic Persistent Hepatitis B Unresolved (e.g. carrier)
- ☐ Acute Viral Hepatitis C
- ☐ Chronic Active Hepatitis C

Most current liver enzyme levels:

Date	GGTP	ALT/SGPT	AST/SGOT	HBV RIBA	Anti HCV	HCV Viral Load	HB Viral Load
						asdfa	asdf

Which studies have been done to diagnose/treat the condition:

- ☐ Liver ultrasound Date(s): _____ ☐ Normal ☐ Abnormal
- ☐ CT scan Date(s): _____ ☐ Normal ☐ Abnormal
- ☐ MRI Date(s): _____ ☐ Normal ☐ Abnormal
- ☐ Biopsy Date(s): _____ ☐ Normal ☐ Abnormal
- ☐ Studies recommended/pending:_____ Date planned: _____

Has the proposed insured been treated for hepatitis? ☐ Yes ☐ No If yes, begin date:_____ End date:_____

Please provide information on 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@dbs-lifemark.com. You may also print and fax completed form to 952.697.5003. Questions? Call the Underwriting Team at x2312.