

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.

LIVER ENZYME ELEVATION

Please provide details of recent liver enzyme function tests:

Date	GGT/GGTP	AST/SGOT	ALT/SGPT

How long has the proposed insured had elevated liver functions? ____ (months) ____ (years) ☐ Condition *recently* diagnosed

If there is prior history of elevated liver function test results, have these results been:

☐ Stable ☐ Increasing ☐ Decreasing ☐ Fluctuating up and down ☐ Unknown

Is there any known cause for the elevated liver function? ☐ No ☐ Yes, the diagnosis is: _____

Does the proposed insured consume any alcohol? ☐ No ☐ Yes, describe usage (frequency, quantity, type, etc.): _____

Have the following tests been completed for the proposed insured?

☐ Hepatitis Panel (A, B, C) Date(s): _____ ☐ Normal ☐ Abnormal
☐ Liver Ultrasound/CT/MRI Date(s): _____ ☐ Normal ☐ Abnormal
☐ Liver Biopsy Date(s): _____ ☐ Normal ☐ Abnormal
☐ Studies recommended/pending: _____ Date planned: _____

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.

