

## 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.

### MULTIPLE SCLEROSIS

Date of first diagnosis: \_\_\_\_\_

Type of multiple sclerosis:

☐ Relapsing-remitting
 ☐ Progressive
 ☐ Benign (No signs or symptoms for 5+ years)

Please indicate how the condition was diagnosed:

☐ MRI
 ☐ Evoked Potentials

☐ Other: \_\_\_\_\_

Approximate date of Attack(s)	Duration of Attack(s)	Residual Effects				Specify Impairment for Residual Effects
		<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	
		<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	
		<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	
		<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	

If there is a disability, provide the score for the Expanded Disability Status Scale (EDSS) or describe the disability:

EDSS Score: \_\_\_\_\_ (0-10) or description: \_\_\_\_\_

Work status: ☐ Currently working ☐ On Disability

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@db-lifemark.com](mailto:underwriting@db-lifemark.com).  
 You may also print and fax completed form to 952.697.5003. Questions? Call the Underwriting Team at x2312.

