

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.

PROSTATE DISORDER / PSA

Date of diagnosis: _____ What condition that leads to elevated PSAs has been diagnosed? _____
 Result and date of the most recent PSA test: _____ (result) _____ (date)
 Highest level PSA every recorded and when: _____ (result) _____ (date)
 Has there been any kind of treatment? ☐ No ☐ Yes If yes, date: _____
 Details: _____
 Most recent digital rectal exam of the prostate: _____ (result) _____ (date)
 Most recent ultrasound of the prostate: _____ (result) _____ (date)
 Most recent prostate biopsy: _____ (result) _____ (date)

PRE-CANCEROUS CONCERNS

- ☐ ASAP (Atypical Small Acinar Proliferation) Please describe: _____
☐ PIN (Prostate Intraepithelial Neoplasia) **Low grade** Please describe: _____
☐ PIN (Prostate Intraepithelial Neoplasia) **High Grade** Please describe: _____

Please provide the name and dosage of any medications (prescription or otherwise) the proposed insured currently takes:

Please provide additional details about the proposed insured's medical condition:

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.

