

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 of last cigarette use: _____
 Any other tobacco use? (cigar, pipe, snuff/chew, patch, gum, e-cigarette, vape) ☐ No ☐ Yes
 If yes, provide details: _____ Date of last use (other form): _____
 Face Amt: _____ Riders Desired: ☐ LTC/CI ☐ Other (provide details below) ☐ Term ☐ Perm ☐ Surv.

SLEEP APNEA

Date of diagnosis: _____ Diagnosed as: ☐ Obstructive ☐ Central ☐ Mixed ☐ Unknown
 Severity: ☐ Severe ☐ Moderate ☐ Mild
 Has an overnight sleep study been done? ☐ Yes ☐ No
 If yes, provide sleep index: AHI: _____ RDI: _____ Lowest oxygen saturation: _____ %

How is the sleep apnea being treated:
☐ No treatment ☐ Medication ☐ Weight Loss ☐ CPAP Mask
☐ Surgery (UPPP) ☐ Surgery (tracheotomy) ☐ Other: _____

Is oxygen being delivered through/connected to the CPAP machine other than room oxygen? (Oxygen tank or Concentrator?)
☐ Yes (if yes, automatic decline) ☐ No

What is the current sleep index with treatment? AHI: _____ RDI: _____

Does the proposed insured have any of the following (If yes, provide details below):

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Coronary Artery Disease |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Depression | <input type="checkbox"/> Lung Disease |

Details:

Does the proposed insured use alcohol? ☐ Yes ☐ No (If yes, describe usage below)

Please list all medications, including names and dosage:

Please provide additional details about the proposed insured's medical history, including any factors that may be relevant to assessment of the insurability of this individual:

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.

