

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):

- Overweight Arrhythmia Coronary Artery Disease
Stroke Depression Lung Disease

Details:

[Empty text box for details]

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

[Empty text box for alcohol usage]

Please list all medications, including names and dosage:

[Empty text box for medications]

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:

[Empty text box for 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.

