



MANDATORY INITIAL QUESTIONNAIRE

Agent: _____ Phone: _____ Email: _____

Proposed Insured Name: _____ M F Date of birth: _____

Face Amount: _____ Max. Premium: \$ _____ / year UL WL Term Survivorship

Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): Y N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) ____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

Has the proposed insured experience a change in weight greater than 10 lbs in the last 12 months?
Yes / No If Yes, please specify pounds gained/lost and why: _____

**Do you currently have, or have you EVER had, a history of any of the following?
Please check ALL that apply and complete additional forms:**

- | | | | |
|-------------------------------------|--|-----------------------------------|---|
| Alcohol / Drug Abuse / Treatment | Criminal Record | Hepatitis | Paralysis |
| Artery / Vein / Heart Disorders | Dangerous Avocation / Hobby | High Blood Pressure | Parkinson's / Alzheimer's / Memory Loss |
| Arthritis | Diabetes / Elevated A1C | High Cholesterol | Prostate / Kidney / Bladder Disorders |
| Asthma / Emphysema / Lung Disorders | Driving Record | Liver / Pancreas Disorders | Seizures |
| Autoimmune Disorders | Emotional / Psychological Disorders | Marijuana / CBD Use | Sleep Apnea |
| Blood Disorders | Foreign Travel | Multiple Sclerosis | Stroke / TIA |
| Brain / Nervous System Disorders | Gastrointestinal / Digestive Disorders | Muscular / Bone / Joint Disorders | Other:

_____ |
| Cancer / Tumor / Polyp | Heart Attack | | |

Please list all medications currently taken or taken in the last 10 years:

Name of medication (prescription or otherwise)	Dates used	Dosage	Frequency taken

Please provide any additional information: _____

