



Agent: _____ Phone: _____ Fax: _____

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.

- (1) *Date of Diagnosis:* _____
- (2) *What type of asthma has been diagnosed:* _____
- (3) *Do you know what leads to the asthmatic attacks? If so, please describe:* _____
- (4) *Please describe the frequency of attacks and how often they have occurred:*

When did the attacks occur?	Number of attacks per year: (if continuous, please state so)
During past year	
During past 2 years	
During past 3 years	
Four years or more	

- (5) *Have you ever been hospitalized due to severe asthma attacks? If so, please tell us about your hospital stay:*

Date(s) of hospitalization:	How long were you at the hospital?	Were there any special circumstances?

- (6) *What medications were/are being used to control the asthmatic attacks (or any other condition)?*

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

- (7) *Please list any other medical information that may help provide a more realistic preliminary assessment:*
