ELITE MARKETING GROUP
An insurance Designers member since 1986

COLITIS & CROHN'S DISEASE QUESTIONNAIRE

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 first diagnosis: ___ ***Date of most recent episode:*** ___ ***Total number of episodes:*** _____

Number of episodes past six months: ___ ***Longest duration:*** ___ ***(days, weeks, months)***

Number of episodes past five years: ___ ***Longest duration:*** ___ ***(days, weeks, months)***

(2) What condition(s) have been diagnosed?

☐ Irritable Bowel Syndrome ☐ Frequent colon spasms ☐ Frequent diarrhea ☐ Ulcerative Proctitis
☐ Mucous Colitis ☐ Spastic Colitis ☐ Catarrhal Colitis ☐ Ulcerative Proctosigmoiditis
☐ Chronic Proctitis (rectum) ☐ Chronic Ulcerative Colitis ☐ Crohn's Disease ☐ Other: _____

(3) Is the proposed insured taking any medications? If yes:

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

(4) Has the proposed insured ever been hospitalized for the condition? If yes, please provide date(s): _____

_____

(5) Has surgery been recommended? If yes, when will the surgery be completed? _____

(6) Has surgery been done? If yes, please list dates and type of surgery(ies): _____

(7) Has the proposed insured ever been disabled because of the condition: If yes, date(s): _____

(8) Does the proposed insured have any other medical conditions that may affect underwriting? If yes, please provide details:

_____

_____

_____