



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:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_