



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(s) of initial and subsequent episodes of depression: _____

(2) What specific type of depression has been diagnosed?

- Bipolar Disorder (mixed) Dysthymia
 Bipolar Disorder (manic) Major Depression
 Bipolar Disorder (depressed) Other: _____

(3) Has the proposed insured been hospitalized for the treatment of depression? If yes, date(s): _____

(4) Please advise of the medications used to treat the condition:

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

(5) Has the proposed insured been treated with electric shock therapy (ECT)? If yes:

Date first ECT treatment: _____ Date most recent ECT treatment: _____ Total No. of ECT treatments: _____

(6) Has the proposed insured had (or been diagnosed with) any of the following conditions:

- Alcohol abuse? If yes, date of last alcohol use: _____
 Drug abuse? If yes, date of last drug use: _____
 Personality Disorder? If yes, give date diagnosed & exact name of the condition: _____
 Psychotic Disorder? If yes, give date diagnosed & exact name of the condition: _____
 Suicidal thoughts? If yes, date of last such thought: _____
 Suicide attempt(s)? If yes, date of last attempt: _____

(7) Does the proposed insured have any other medical conditions? If yes, please describe:

