



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) When was the condition first diagnosed? _____

(2) What lead to the diagnosis of hemochromatosis? _____

(3) When you were first diagnosed, how many blood draws (phlebotomies, venesections) were done in what time frame? _____

(4) Are you now on a regular blood draw schedule? If yes, how often do you go? If no, why not?

(5) How often do you go for a health check up to your health care provider? _____

(6) Are your liver function tests normal? Please check with your health care provider if you do not know and list any recent abnormal levels in the following table. These values are important for us to help you get a realistic idea of premiums before completing a formal application of insurance for a specific company:

Date of most recent test: _____ I was told all of my liver function tests were normal.
Test values were as follows: GGTP: _____ SGOT/AST: _____ SGPT/ALT: _____

(7) Have there been any abnormalities or affects on other organs or tissues? If yes, please describe:

(8) Is the proposed insured aware of any medical problems? If so, please describe:

(9) Please list all current medications:

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