



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) Please provide date of diagnosis: _____

(2) Has the Hepatitis been diagnosed as:

- Acute Viral Hepatitis A Resolved Hepatitis A Unresolved
 Acute Viral Hepatitis B Resolved Chronic Persistent Hepatitis B Unresolved (i.e. carrier)
 Acute Viral Hepatitis C Chronic Active Hepatitis B Unresolved
 Other Hepatitis: _____ Chronic Persistent Hepatitis C
 Chronic Active Hepatitis C

(3) What are the most current liver enzyme levels:

Date	GGTP	ALT/SGPT	AST/SGOT

(4) Which studies have been undertaken to diagnose/treat the condition:

- Liver ultrasound, CT scan, or MRI (circle which one): Date: _____ Results: Normal Abnormal
 Liver biopsy Date: _____ Results: Normal Abnormal
 Other: _____
 Studies Recommended/Pending: _____ Date Planned: _____

(5) Does the proposed insured use any medications, such as alpha interferon or ribavirin?

If yes, please complete the table below:

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

(6) Does the proposed insured consume any alcohol?

- No Yes Describe: _____ (type, frequency, quantity)

(7) How frequently does a physician monitor liver functions:

- Quarterly Semiannually Annually Other: _____

(8) If infected with hepatitis C, is the proposed insured vaccinated against: Hepatitis A Hepatitis B

(9) Please advise of any additional information that may help us provide you with a more accurate preliminary assessment:

