Elite Marketing Group
An Insurance Designers member since 1986

MULTIPLE SCLEROSIS 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: _____

(2) How was the condition diagnosed? ☐ MRI ☐ Evoked Potentials ☐ Other: _____

(3) Please complete the following table as much as possible:

Approximate Date of Attack(s)	Duration of the Attack(s)	Residual Effects	Specify Impairment for Residual Effects
		☐None ☐Minimal ☐Moderate ☐Severe	
		☐None ☐Minimal ☐Moderate ☐Severe	
		☐None ☐Minimal ☐Moderate ☐Severe	
		☐None ☐Minimal ☐Moderate ☐Severe	

(4) Is there is disability, please provide the score for the Expanded Disability Status Scale (EDSS) or otherwise describe the disability:

EDSS Score: _____ (0 through 10) or Description: _____

(5) Does the proposed insured take any medications? ☐ No ☐ Yes (please list below)

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(6) Are there any other medical conditions or factors that may be relevant to assessment of the insurability of the individual? If yes:

_____

_____

_____

_____