

Underwriting Questionnaire

Abdominal Aortic Aneurysm



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of initial diagnosis _____

Has the client had any of the following:

Ultrasound Date _____ Size _____
 CAT Scan Date _____ Size _____
 Surgery Date _____

Has the aneurysm been stable in size for two or more years?

Yes Provide details _____
 No

Is your client on any medications?

Yes Provide details _____
 No

Are any of the following present? Check all that apply

Pain in the legs with walking Elevated cholesterol
 Hypertension Diabetes
 Coronary artery disease Cerebrovascular disease

List any other major health problems the client has: