## **Underwriting Questionnaire**

## Attention Deficit Disorder/ Hyperactivity Disorder (ADD/HD)



Producer Name		Phone	Da <sup>-</sup>	te	
Client Name		Date of Birth		_	
☐ Male ☐ Female	Face Amount		Max Premium \$	/yr.	
☐ Term ☐ Permanent	Has the client eve	er used any form of to	bacco (cigarettes, cigars, <sub>l</sub>	pipe, snuff, etc.)? □Yes	□No
Frequency		Date of last use		Туре	
Date of diagnosis					
Is the client on any medic	ations				
Yes, provide det	ails				
□No					
Suicidal thought	r disorder der er or oppositional disorde t/attempt e (alcohol or drugs)	er	ers (check all that apply)		
Has the client ever been h	•				
	ails				
□No					
If school-age, is the client  Yes, provide det  No					

List any other major health problems the client has:



For Insurance Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non-registered products only. Tellus operates under the license of Tellus Brokerage Connections Inc., AR license #100103477. Products and programs offered through Tellus are not approved for use in all states. Updated May 12, 2020