Underwriting Questionnaire
Autism

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 diagnosis _____ Does the client live independently ☐ Yes ☐ No Currently working ☐ Yes ☐ No

Select the option that best describes the autism

- ☐ Asperger's syndrome/High functioning (IQ above 70, None or very minimal impairment in sensorimotor ability, well developed language skills)
- ☐ Mild (IQ 50-70, minimal impairment in sensorimotor ability, ability to acquire grade school academic skills, vocational skills for self-support may be achieved, may need assistance or guidance if stressed but may also be able to live independently or with limited supervision)
- ☐ Moderate (IQ 35-49, able to acquire some communication skills with training, academic skills limited to early grade school level, social skills significantly impaired but may be able to perform unskilled or semi-skilled labor under supervision)
- ☐ Severe (Poor motor development, minimal speech and little or no communication skills, not able to live independently)
- ☐ Profound (IQ < 20, none to minimal speech and communication skills, need to live in a closely supervised environment)

History of seizures ☐ Yes ☐ No If yes, please provide the following:

Type of seizure ☐ Grand mal ☐ Petit mal ☐ Partial seizure-complex ☐ Focal

Symptoms experienced with seizures (select all that apply)

☐ Unconsciousness ☐ Clouded consciousness ☐ Uncontrolled twitching ☐ Deep sleep

☐ Other (provide details) _____

Frequency of seizures _____ Date of last seizure _____

Any associated mental health or behavioral disorder (e.g. obsessive compulsive disorder, anxiety, panic attacks, depression or other) If yes, provide details _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: