

Underwriting Questionnaire

Barrett's Esophagus



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 _____

Has the client had any of the following treatments

Follow-up endoscopy(s) Date(s) _____
 Surgery Date _____

Are any of the following present (if yes, provide pathology report)

- Dysplasia - low grade
- Dysplasia - high grade
- Metaplasia

Is the client on any medications

Yes Provide details _____
 No

Alcohol usage

Type _____
Frequency _____

List any other major health problems the client has: