

Underwriting Questionnaire

Lyme Disease



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 _____ Stage of disease (see examples of staging below for reference) _____

Has the client ever had neurological or cardiac complications associated with the Lyme Disease? Yes No

If yes, please provide full details _____

Stage 1 - acute/caught very early, usually asymptomatic with good response to treatment
 Stage 2 - may experience neurological or other complications (e.g. headaches, fatigue, muscle pain, fibromyalgia, other)
 Stage 3 - chronic/incurable or never treated with ongoing complications and/or residuals

How was the disease treated? Oral doxycycline Amoxicillin Erythromycin
 Penicillin Other antibiotic or IV medication

Date treatment ended _____ Is the disease still present? Yes No

If fully recovered, provide a date the client was deemed fully recovered _____

Are there any ongoing complications or residuals? Yes No If yes, please provide full details _____

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

List any other major health problems the client has: