Underwriting Questionnaire

Multiple Sclerosis

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 first diagnosis______________________________

Type of multiple sclerosis

☐Relapsing-remitting ☐Progressive ☐Benign (no signs or symptoms for 5+ years)

How was the condition diagnosed ☐MRI ☐Evoked Potentials ☐Other____

Approximate Date of Attack(s)	Duration of Attack(s)	Residual Effects	Specify Impairment for Residual Effects
		☐None ☐Minimal ☐Moderate ☐Severe	
		☐None ☐Minimal ☐Moderate ☐Severe	
		☐None ☐Minimal ☐Moderate ☐Severe	
		☐None ☐Minimal ☐Moderate ☐Severe	

If there is a disability, provide the score for the Expanded Disability Status Scale (EDSS) or describe the disability

EDSS Score______________(0 thru 10) or description____

Work status

☐Currently working ☐On disability

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

List any other major health problems the client has:

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