

# Underwriting Questionnaire

## Pancreatitis



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 \_\_\_\_\_ Cause \_\_\_\_\_

Have any of the following symptoms occurred?

Cyst, Pseudocyst  Abscess  Stone  Other \_\_\_\_\_

Was the client incapacitated from work due to the pancreatic disorder?

Yes  No; if yes, when and for how long \_\_\_\_\_

Was the client hospitalized?

Yes  No; if yes, provide date(s) \_\_\_\_\_

Was any surgery performed?

Yes  No; if yes, provide details \_\_\_\_\_

Describe frequency of attacks

Any alcohol consumption

Yes  No 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: