

Agent Name _____ Phone _____

Email Address _____

Applicant Last Name _____ Date of Birth _____

Gender: Male Female Height/Weight _____ / _____ Occupation _____

Ever use nicotine products? Yes No

If yes, select type: Cigarettes Cigar Chewing tobacco Other: _____

Date last used _____ Frequency per month _____

Product Applying for: Term Universal Face Amount _____

1. When were you diagnosed by a licensed member of the medical profession with ADD/ADHD?
 Within 1 Year 1 - 2 Years Ago 2 - 5 Years Ago 5 - 10 Years Ago Over 10 Years Ago

2. Prescription Medication(s) currently being taken: _____
 - a. If none, have you been prescribed medication or been advised by a licensed member of the medical profession to take medication for any psychological disorder in the past year? Yes No
 - i. If Yes, why was the medication discontinued?
 1. Discontinued per doctor's orders/no longer needed.
 2. Medication is too expensive.
 3. Too many side effects.
 4. Other _____

3. Has a licensed member of the medical profession ever diagnosed, counseled or treated you for:
 - a. aggression, oppositional defiant disorder (ODD) or conduct disorder? Yes No
 - b. any other psychiatric impairment/condition? Yes No
 - i. If Yes, provide details: _____

4. In the past 5 years, have you ever been hospitalized or treated on an inpatient basis or been advised by a licensed member of the medical profession to be hospitalized or treated on an inpatient basis for any psychiatric disorder? Yes No
 - a. If Yes, provide details: _____

5. Please list all medications:

| Name of Medication | Dosage | Reason |
|--------------------|--------|--------|
| | | |
| | | |
| | | |

6. Please list name of physicians and date last seen:

| Name of physician | Location | Date last seen |
|-------------------|----------|----------------|
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