

Crohn's Disease Underwriting Questionnaire

Agent Name _____ Phone _____

Email Address _____

Applicant Last Name _____ Date of Birth _____

Sex Male Female Height/Weight _____ / _____

Occupation _____ Ever use nicotine products?

If yes, check type and list date last used: Other: _____

Date last used _____ Frequency per month _____

Product Applying for: Term Universal Face Amount _____

1. Date diagnosed: _____

2. Any blood in stools No Yes
Please explain: _____

3. How is the condition treated?
Diet
Medication-Provide name of medication and dosage: _____
Other: _____

4. How often do you have attacks?

5. Is condition asymptomatic? No Yes

6. Do you have any other health problems? No Yes
If yes, please explain: _____

7. Comments _____

Please fax this form to MRW Financial Inc. 813-875-7331 or email to marie@mrwfinancial.com