

Depression 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, select type : Cigarettes Cigar Chewing tobacco Other: _____

Date last used _____ Frequency per month _____

Product Applying for: Term Universal Face Amount _____

1. Have you been diagnosed with: Depression Anxiety
2. Describe your condition: _____
3. Date of first symptoms: _____
4. Please indicate the number of episodes: _____ Date of last episode: _____
5. Have you been hospitalized for psychiatric treatment? No Yes ; please give dates and length of stay

6. Do you have a history of any of the following associated conditions:
 - Personality Disorder Suicidal thought/attempt
 - Psychotic Disorder Substance abuse (alcohol or drugs)- complete respective questionnaire
 - Other psychiatric disorder: _____
7. Is the client currently working? No Yes; please list occupation: _____
8. Has any time been lost from work as a result of this condition? No Yes; give details

9. Are you disabled? No Yes
10. Please list all medications:

Name of Medication	Dosage	Reason

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

Name of physician	Location	Date last seen

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