

Hepatitis 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. Date of first diagnosis? _____

2. What type of hepatitis? A B C

3. Was the hepatitis due to:

Hepatitis A Hepatitis C (non-A/ non-B) Hepatitis B, resolved Hepatitis B, carrier or chronic infection

Other, please specify: _____

4. Please provide the date and results of the following tests:

AST/SGOT Date: _____ ALT/SGPT Date: _____ GGTP Date: _____

Result: _____ Result: _____ Result: _____

Liver Biopsy: _____

5. Have you ever had any blood transfusions? No Yes; please provide dates and details

6. Is the hepatitis due to drug or alcohol abuse? No Yes; if yes please complete the drug/alcohol questionnaire

7. Have you ever lost time from work due to Hepatitis? No Yes; details

8. Have you been diagnosed with any of the following: Chronic Hepatitis Cirrhosis

9. Was there any treatment done? No Yes; what type? _____

10. When did treatment start _____ and treatment _____?

11. Was treatment successful in eliminating the virus? No Yes

12. Please list any medications you are currently taking:

Name of Medication	Dosage	Reason

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

Name of physician	Location	Date last seen