

## Lupus 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. What is the type of lupus diagnosed?

- Systemic lupus erythematosus (SLE)
- Discord lupus
- Drug-induced SLE

2. Date of diagnosis: \_\_\_\_\_

3. Please note if the lupus is:

- In remission (list date of the last exacerbation) \_\_\_\_\_
- Currently Present

4. Check if you've had any of the following:

- Low blood counts
- Heart involvement (pericarditis)
- High blood pressure
- Neurologic disorder
- Proteinuria
- Lung involvement (pleuritis)
- Renal insufficiency or failure

5. Please detail past treatments; Have steroids ever been prescribed? When was treatment terminated?  
 \_\_\_\_\_

6. Please list any other health problems: \_\_\_\_\_

7. Please list all medications you are currently taking:

Name of Medication	Dosage	Reason

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

Name of physician	Location	Date last seen