

Respiratory 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 ever been diagnosed with any of the following:

Bronchitis- Date of first episode: _____ Date of last episode: _____

Asthma- Date of first episode: _____ Date of last episode: _____

Emphysema- Date of first episode: _____ Date of last episode: _____

Chronic cough- Date of first episode: _____ Date of last episode: _____

Pneumonia- Date of first episode: _____ Date of last episode: _____

Sleep Apnea- Date of first episode: _____ Date of last episode: _____

Other: _____

2. How often do your episodes occur and how long do they last? _____

3. Please indicate the any that apply or that best describe your condition:

Mild Moderate Severe Coughing Blood Coughing of phlegm

4. Have you lost any time from work due to any of these conditions?

No Yes- How long and why? _____

5. Have you ever experienced any of the following?

Shortness of breath Wheezing

Problems with climbing stairs or exercising Other Respiratory/lung problems:

Details: _____

6. Have you ever been hospitalized or had to go to the emergency room?

No Yes- Most recent date? _____

Diagnosis: _____

7. Please list the name and dosage of all medication(s) or treatment that you are receiving for these conditions:

