MRW FINANCIAL BROKERAGE

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Sleep Apnea 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 Diagnosis: _____
2. Please select type: ☐ Obstructive ☐ Central ☐ Mixed
3. Has a sleep study, or studies been completed? ☐ No ☐ Yes

   Oxygen saturation level: _____ Apnea (AI) or respiratory disturbance index (RDI)

   Results: _____ (Numeric value)

4. Please select any treatment prescribed:

☐ Observation alone ☐ Crap Mask

☐ Weight loss alone ☐ Medication: _____

☐ Surgery (Tracheotomy or uvulopalatopharyngoplasty): Date of surgery _____

☐ Other: _____

5. Any current symptoms: ☐ No ☐ Yes, details: _____
6. Have you ever experienced any of the following illnesses, check all that apply:

☐ Arrhythmia: type_____ ☐ Asthma, COD, Emphysema

☐ Other heart related condition: type _____ ☐ Depression

☐ Obesity

7. Have you smoked cigarettes in the last 12 months? ☐ No ☐ Yes
8. Please provide list of current medications:

Name of Medication	Dosage	Reason

9. Additional comments:

_____

_____

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