

Thyroid Disease Underwriting Questionnaire

Agent Name _____ Phone _____

Email Address _____

Applicant Last Name _____ Date of Birth _____

Sex Male Female Height/Weight _____ / _____

Occupation _____ Ever use nicotine products? No Yes

If yes, select type: Cigarettes Cigar Chewing tobacco Other: _____

Date last used _____ Frequency per month _____

Product Applying for: Term Universal Face Amount _____

1. List date (s) of diagnosis and type thyroid disease: _____

2. Was the Thyroid Disease diagnosed as:

- Goiter
- Thyroid Nodule
- Hyperthyroidism
- Hypothyroidism

3. How has the thyroid disease been treated?

- Surgery
- Radioactive iodine
- Medication (provide details):

4. Has biopsy or fine needle aspiration (FNA) been done? No Yes (please provide a copy of the report)

5. Has client had an ultrasound or radioactive scan of the thyroid? No Yes (please provide a copy of the report)

6. Please list all medications you are currently taking:

Name of Medication	Dosage	Reason

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