

DI Underwriting questionnaire inquiry

Agent Information

Agent submitting form: _____

Agent's email address: _____

Agent's contact phone number: _____

Client personal information and health history

Client name: _____

Client DOB: ____ / ____ / ____

Client Gender: Male Female

Client Height _____ & Weight _____

Yes No

Are you a tobacco user?

Tobacco use is described as the use of cigarettes, cigars, pipe, vapor, chewing products and marijuana. Discontinuance of tobacco products must be 12 months or longer to receive the non-smoker designation.

Any history of stress, depression, anxiety, drug addiction, alcohol addiction or relationship counseling?
(If yes please explain in section marked detailed health history.)

Is your client a US citizen?

Is your client a holder of a green card or work visa?

What is your clients current occupation? _____

Explain in detail what are your clients specific duties at work. _____

What is the clients current income? *(annual)* _____

If self-employed *(Net Annual Income)* _____

Has client ever had a DUI/DWI or reckless driving citation?

If yes please explain including dates _____

Number of alcoholic drinks consumed per week on average? _____

Have you ever sought treatment from a Chiropractor?

if so when, reason, results and any follow up _____

Any surgery planned, scheduled or been advised from a physician to have a surgical procedure?

Please indicate below all details _____

Please indicate below any treatment received from any of the conditions indicated then expand on treatments, dates and outcome in Detailed Health History below.

Yes **No**

Coronary issues (Heart, Circulatory, EKG)
 Condition _____
 Date of diagnosis _____
 Treatment _____
 Follow up _____

Cancer
 Date of diagnosis _____
 Stage _____
 Treatment _____
 Name of cancer and location _____
 Follow up _____

Diabetes
 Date of diagnosis _____
 Last A1C reading _____ Date of last reading _____
 Microalbumin level in your urine _____
 How are you treating your diabetes? Diet Oral Medication Insulin

Sleep Apnea
 Are you using a C-Pap machine?
 Date of diagnosis _____
 If you have been prescribed a C-Pap machine are you compliant with its usage?

Medication name	Treating what condition?	Dosage	X's per day

Detailed Health History

The following table is a guide to use when determining if your client is eligible for disability coverage based on their height and weight. This is only a guide, each carrier has their own restrictions and rating system for those outside the standard height/weight criteria. Not all applicants will qualify for Extra Premium Ratings.

Weight									
Extra Premium Rating In Progress									
Height	Standard Rates	25%	50%	75%	100%	125%	150%	IC	Uninsurable
4'8"	84 - 167	168	177	186	192	198	204	205 - 227	228
4'9"	86 - 171	172	181	191	197	203	209	210 - 233	234
4'10"	88 - 175	176	186	195	202	208	214	215 - 238	239
4'11"	90 - 180	181	191	200	207	214	220	221 - 244	245
5'0"	92 - 184	185	195	204	211	218	224	225 - 250	251
5'1"	95 - 188	189	199	210	217	223	230	231 - 256	257
5'2"	97 - 192	193	205	215	222	229	236	237 - 261	262
5'3"	99 - 198	199	210	221	228	236	243	244 - 269	270
5'4"	102 - 203	204	215	226	234	241	249	250 - 276	277
5'5"	104 - 209	210	221	233	240	248	255	256 - 284	285
5'6"	108 - 215	216	226	238	246	254	261	262 - 292	293
5'7"	111 - 220	221	233	245	253	261	269	270 - 299	300
5'8"	113 - 226	227	239	252	260	268	276	277 - 307	308
5'9"	116 - 231	232	245	258	266	275	283	284 - 314	315
5'10"	119 - 237	238	252	265	274	283	291	292 - 322	323
5'11"	123 - 244	245	258	271	280	289	298	299 - 332	333
6'0"	126 - 251	252	265	279	288	297	307	308 - 341	342
6'1"	129 - 257	258	272	286	295	305	314	315 - 349	350
6'2"	132 - 264	265	278	293	302	311	321	322 - 358	359
6'3"	137 - 272	273	286	300	310	320	330	331 - 370	371
6'4"	140 - 279	280	294	310	320	330	340	341 - 379	380
6'5"	144 - 287	288	303	319	329	340	350	351 - 390	391
6'6"	148 - 296	297	312	329	339	350	361	362 - 402	403
6'7"	154 - 306	307	323	338	351	362	374	375 - 415	416

Please check with your marketing specialist at Financial Brokerage for carrier specific height/weight criteria and rating of your client.