EMPHYSEMA

CLIENT NAME:		Date:				
☐ Male ☐ Female Date of birth: Height:		" Weight:				
Tobacco Use: □ Never used □ Totally stopped Date stopped: □ Use now Type of nicotine product:						
Type of Coverage: □ Term □ UL □ Survivor Type of Coverage: □ Term □ UL □ Survivor UL						
Coverage Amount: Anticipated Premium:						
FAMILY HISTORY Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? If yes, use separate sheet to provide this information, including age of onset and date of death						
PROPOSED INSURED'S EXISTING INSURANCE						
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?			
1. What is the cause? ☐ Asthma ☐ Occupation ☐ Smoking						
2. What is the degree of severity?						
3. Does client use oxygen? ☐ No ☐ Yes						
4. Has client ever been hospitalized? ☐ No ☐ Yes; please give details						
5. Have pulmonary function tests been done? □ No □ Yes; what were the results?						
6. Are there any restrictions of activities? □ No □ Yes; please give details						
7. Is client on any medications? (accurate name, dosage, and reason)						
(Accurate) Name of Medication	Dosage	Reason				
8. Does client have any other health issues? (additional questionnaires may be required) □ No □ Yes; please give details						

FAMILY HISTORY (ADDENDUM)

CLIENT NAME: Male □ Female Date of birth:					
□ Male □ Female Date of birtin.	neigiit	weight:			
1. Has the proposed insured had relative(s) with any of the following:					
☐ Parent Has had: ☐ Cancer ☐ Diabetes Age of onset:			☐ Other (explain below)		
☐ Brother			Other (explain below)		
Age of onset:			Utilet (explain below)		
☐ Sister Has had: ☐ Cancer ☐ Diabetes			☐ Other (explain below)		
Age of onset:	Date of death:				
2. If yes to any of the above, please provide details/information					