OTHER ILLNESS QUESTIONNAIRE

Global Insurance Resources Group Inc.

9744 WILSHIRE BOULEVARD SUITE 306, Beverly Hills, CA 90212

PHONE (310) 550-3300 FAX (310) 550-3390

CLIENT: NAME _____ [ ] M [ ] F, DATE OF BIRTH _____

AGE_____ HT _____ WT_____ STATE _____

AMOUNT REQ. $_____ MAX. ANNUAL PREMIUM $_____

TYPE OF INSURANCE: [ ] PERM [ ] TERM YRS. LEVEL _____

TOBACCO USE: [ ] NO [ ] YES, DETAIL_____

REPLACING? [ ] NO [ ] YES CURRENT ANN. PREM. $ _____

LAST LIFE INSURANCE APP. YEAR:_____ COMPANY_____
ACTION_____

AGENT: NAME_____ PHONE_____FAX_____

ADDRESS_____ CITY_____ ST_____ ZIP _____

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1. PLEASE LIST ILLNESS (ES) AND DETAILS (INCLUDE THE TYPE/SEVERITY, MONTH AND DATE OF DIAGNOSIS, TREATMENT AND DOSAGE OR AMOUNT OF TREATMENT, ON EACH):
TYPE/SEVERITY_____

DATE OF DIAGNOSIS:

MONTH _____ YEAR ____

TYPE OF TREATMENT AND DOSAGE OR AMOUNT:
[ ] SURGERY [ ] MEDICATION [ ] OTHER
_____

_____

TYPE/SEVERITY _____

DATE OF DIAGNOSIS:

MONTH _____ YEAR ____

TYPE OF TREATMENT AND DOSAGE OR AMOUNT;
[ ] SURGERY [ ] MEDICATION [ ] OTHER
_____

2. DATE OF CLIENT'S LAST VISIT TO A PHYSICIAN:
[ ] 0 TO 6 MONTHS AGO

[ ] 6 TO 12 MONTHS AGO

[ ] 12 TO 24 MONTHS AGO

[ ] OVER 2 YEARS AGO

3. LIST THE LAST CHOLESTEROL READING, IF KNOWN:
_____HDL RATIO _____

4. LIST THE LAST BLOOD PRESSURE READING, IF KNOW:

_____SYSTOLIC _____DIASTOLIC

5. CLIENT'S OCCUPATION
_____

6. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?
[ ] NO [ ] YES, PLEASE DETAIL
_____

_____

_____

TYPE/SEVERITY_____

DATE OF DIAGNOSIS:

MONTH _____ YEAR ____

TYPE OF TREATMENT AND DOSAGE OR AMOUNT;
[ ] SURGERY [ ] MEDICATION [ ] OTHER
_____

_____

TYPE/SEVERITY _____

DATE OF DIAGNOSIS:

MONTH _____ YEAR ____

TYPE OF TREATMENT AND DOSAGE OR AMOUNT;
[ ] SURGERY [ ] MEDICATION [ ] OTHER
_____

7. DOES THE CLIENT EXERCISE THREE OR MORE
TIMES PER WEEK?
[ ] NO [ ] YES, PLEASE DETAIL
_____

_____

8. PLEASE LIST ANY OTHER IMPAIRMENTS OR
ILLNESSES; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:
_____

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