

# Health Questionnaire

*People pay for insurance with their dollars but buy it with their health.*

To get the most realistic idea regarding carrier, rate, and/or eligibility for Life Insurance, please provide the following information:

1. Date of Birth:

\_\_\_\_\_

2. Gender:

\_\_\_\_\_

3. Height:

\_\_\_\_\_

4. Weight:

\_\_\_\_\_

5. Tobacco Use (Yes or No):

\_\_\_\_\_

6. State of Residence:

\_\_\_\_\_

7. Type and Amount of Coverage Desired:

\_\_\_\_\_

8. Desired Length of Coverage:

\_\_\_\_\_

9. Projected Underwriting Class:

\_\_\_\_\_

10. Medical History:

Medical Diagnosis	Date of Treatment	Single Episode or Recurrent?

11. Is Further Treatment/Hospitalization for These Conditions Anticipated, Recommended, or Scheduled?  
If Yes, Please Provide Details.

\_\_\_\_\_

\_\_\_\_\_

12. List All Prescription Medications:

Name of Medication	Dosage	Frequency