

Underwriting Questionnaire

Lupus



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____ Type Discoid Lupus Systemic (disseminated) Lupus (SLE)

Which organs/tissues have been involved

Skin Kidneys Central nervous system Other _____

Select if the client has had any of the following

Low blood counts lung involvement (pleuritis) Proteinuria Heart involvement (pericarditis)

Has the condition disappeared completely? Yes No If yes, date of last treatment _____

If the condition has ever disappeared, has it relapsed? Yes No If yes, complete the information below

Initial lupus episode Date started _____ Date ended _____

Condition's most recent disappearance Date started _____ Date ended _____

Condition's most recent relapse Date started _____ Date ended _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: