

CLASSIFICATION QUESTIONS

Agent's Name _____ Agent's Phone _____ Fax/E-mail _____

Client Name		D.O.B.		Citizenship	
Height ____ ft. ____ in.	Weight _____ lbs.	Sex () Male () Female		3 X U S R V H R I - Q V X U D Q F H % X V L Q H R V H 3 H 3 U V R % Q D G H O	
Plan of Insurance / Amount Desired () Term () UL \$ _____			Anticipated Premium \$ _____ & O D V V Super-Preferred Preferred Super Standard Standard		

- Lost weight in last year? () Yes () No How much: _____ lbs.
- Tobacco use in any form? () Yes () No If yes, give form and frequency: _____
- Recently stopped using tobacco? () Yes () No If yes, when: _____
- Adverse motor vehicle report? () Yes () No If yes, please detail: _____
- Any family history of disease? () Yes () No If yes, list family member, age if living or age at death and cause (heart disease, vascular disease, cancer)
Adopted? () Yes

- High blood pressure or elevated cholesterol? () Yes () No If yes, current reading: BP _____ / Chol _____
Highest reading: BP _____ / Chol _____ HDL reading or ratio: _____
- Ever been hospitalized? () Yes () No If yes, please detail: _____
- Any history of the following? (check all that apply)
 - () Cancer history If yes, date diagnosed? _____ Stage of cancer at diagnosis? _____
 - () Diabetes history If yes, date diagnosed? _____ Last A1C reading? _____
 - () Alcohol or drug abuse history If yes, date diagnosed? _____ Last date of in-treatment? _____
 - () Heart history / condition Heart attack - date? _____ By-pass - how many vessels and date? _____
 - () Sleep apnea If yes, date diagnosed? _____ On CPAP? _____
- Does the client have foreign travel plans? () Yes () No If yes, when, where and for what duration? : _____
- Does the client participate in aviation or hazardous activities? () Yes () No If yes, details: _____
- Has the client had a routine medical check-up within the past year? () Yes () No If yes, () Normal () Other _____
- List other illnesses or impairments: _____
- List any prescribed medications taken (include dosage and frequency): _____