

# Underwriting Assessment Fact Finder



If you have any questions, please feel free to call BSMG Life Wholesaler at 1-800-343-7772.

Agent: \_\_\_\_\_ Date: \_\_\_\_\_

## Client/Policy Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Coverage:  Life  Long Term Care  Underwritten SPIA

If Life, Face Amount: \_\_\_\_\_ Product/Plan: \_\_\_\_\_

If LTC, Daily/Monthly Benefit: \_\_\_\_\_ Benefit Period: \_\_\_\_\_ Elimination Period: \_\_\_\_\_

If SPIA, Single Premium Amount: \_\_\_\_\_

## Client Health and Medical Information:

Do they use, or have they ever used tobacco?  Yes  No

If yes, what type, frequency, amount and the last time used? \_\_\_\_\_

Do they exercise regularly?  Yes  No If yes, what type and frequency? \_\_\_\_\_

Date last consulted with a physician? \_\_\_\_\_ Reason: \_\_\_\_\_

List current medications prescribed or over-the-counter: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Has any parent or sibling been diagnosed with coronary artery disease, vascular disease such as stroke, peripheral artery disease, valvular heart disease, diabetes and/or cancer before age-60?  Yes  No

If yes, what was their age at death \_\_\_\_\_ If living, what was their age at diagnosis? \_\_\_\_\_

Please check if your client has had any medical consultation or treatment for: (if other, please clarify on attached page)

- 1. Heart conditions: Coronary artery, valve, heart muscle, high blood pressure, rhythm disorders?
- 2. Peripheral vascular disease: Carotid artery stenosis, blockage of leg arteries? aneurysms, other?
- 3. Cancer or Tumors: Organ involved: \_\_\_\_\_ Tumor type: \_\_\_\_\_ Stage/Grade: \_\_\_\_\_
- 4. Mental health disorders: anxiety, depression, ADHD, bipolar, panic disorders, post-traumatic stress disorder, other?
- 5. Lung disorders: asthma, sleep apnea, chronic bronchitis, emphysema, sarcoidosis, pulmonary fibrosis, other?
- 6. Brain disorders: stroke, TIA, multiple sclerosis, seizures, dementia, neuropathy, global amnesia, other?
- 7. Diabetes:  Type-I  Type-II Treatment \_\_\_\_\_ Diagnosis date: \_\_\_\_\_ Latest HgA1c \_\_\_\_\_
- 8. Muscle Disorders: Myasthenia Gravis, muscular dystrophy, polymyositis, dermatomyositis, other?
- 9. Blood Disorders: Anemia-type \_\_\_\_\_ clotting disorders-type \_\_\_\_\_ other? \_\_\_\_\_
- 10. Systemic lupus, rheumatoid arthritis, Graves's disease, thyroiditis, ankylosing spondylitis? Chronic fatigue syndrome?
- 11. Kidney inflammation, protein or microalbumin in urine? Pituitary disorders, Adrenal gland disorders? Other?
- 12. Liver disorders - hepatitis, fatty liver, abnormal liver function tests, other? Pancreatitis? Other?
- 13. Diverticulosis, weight-loss surgery, esophageal disorders, GERD, ulcerative colitis, Crohn's disease, other?
- 14. Arteritis, vasculitis, chronic pain syndrome, bone or joint disorders, ear, nose and throat disorders?
- 15. Substance use: Type: \_\_\_\_\_ Date of any rehabilitation: \_\_\_\_\_ Relapse Date: \_\_\_\_\_
- 16. Any condition not listed \_\_\_\_\_

continued on next page

