

CLIENT NAME: _____ **Date:** _____
 Male Female Date of birth: _____ Height: _____' _____" Weight: _____
Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____
Type of Coverage: Term UL Survivor Disability **Coverage Amount:** _____
Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____
Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE

Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

- Date of diagnoses: _____
- Type of lupus diagnosed?:
 Systemic lupus erythematosus (SLE)
 Discoid lupus
 Drug-induced SLE
- Please note if the lupus is:
 in remission (list date of last exacerbation) Date: _____
 currently present
- Check if client has had any of the following:
 Low blood counts Neurologic disorder
 Lung involvement (pleuritis) Heart involvement (pericarditis)
 Proteinuria Renal insufficiency or failure
 High blood pressure
- Is client presently on medication? (accurate name, dosage, and reason) No Yes; please give details

- What type of treatment has client had? _____
- When was treatment terminated? _____
- Have steroids ever been prescribed? No Yes
- List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

10. Are there any other health problems? (additional questionnaires may be required) No Yes; please give details

