

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? |
|----------------------|-------------|-------------|---------------------------|
| | | | |
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- Date of diagnosis: _____
- Generalized anxiety disorder Panic disorder
 Obsessive compulsive disorder Post-traumatic stress syndrome
 Agoraphobia Other anxiety disorder _____
- Indicate the number of episodes and date of last episode/recovery: _____
- Is client on any medications: No Yes; please provide name and dosage _____
- Date and details of last change in medications: _____
- Has client been hospitalized or seen in the emergency room for treatment of anxiety or other psychiatric illness? No Yes, please give dates and lengths of stay. _____
- Does client have a history of any of the following associated conditions? (check all that apply)
 - Depression Suicidal thought/attempt
 - Substance abuse (alcohol or drugs) Other psychiatric disorder _____
- Is the client currently working? No Yes (occupation) _____
- Has any time been lost from work as a result of condition? No Yes; please give full details

- Please list current medications (including aspirin), (accurate name, dosage, and reason):

| (Accurate) Name of Medication | Dosage | Reason |
|-------------------------------|--------|--------|
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- Are there any other health issues? (additional questionnaires may be required) No Yes; please give details

