Prescription Underwriting Supplement

Please answer all questions applicable to the client's medical history.

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 _____

Exact name of medication(s) _____

_____

Exact diagnosis that precipitated prescription _____

_____

Dosage _____

_____

Results of recent surveillance testing _____

_____

Has the client been compliant with the medication? ☐ Yes ☐ No

Has the client has any adverse effects from the medication? ☐ Yes ☐ No

Has the client been prescribed medication by his/her doctor that he/she has decided to discontinue on his/her own? If yes, please explain

_____

_____