Prescreening Guide for Life Coverage

Full Name (& former names): _____ **Date of Birth:** ____/____/_____

Social Security #: _____ **Ph#:** _____ **Email:** _____

Height/ Weight

Height: Ft. _____ In. _____
Weight: _____ lbs.
BMI less than 29: ☐ No ☐ **Yes**
http://www.bmi-calculator.net/

Nicotine Usage

☐ Never
☐ Currently since _____
☐ Quit on _____ after a period of _____ years

Type*: ☐ cigarettes ☐ cigar ☐ chew ☐ e-cigs ☐ pipe

Marijuana use: ☐ No ☐ **Yes***

* Frequency: _____

Blood Pressure

Systolic blood pressure: _____
Diastolic blood pressure: _____
Taking BP medication: ☐ No ☐ **Yes**

Cholesterol

Cholesterol level: _____
HDL ratio: _____
Taking Cholesterol medication:
☐ No ☐ **Yes**

Cholesterol/HDL above 4.5: ☐ No ☐ **Yes**
https://www.omnicalculator.com/health/cholesterol-ratio

Medical Treatment

Prescribed/OTC Meds in the last 5 years:
☐ No ☐ **Yes***

Hospitalization in the last 10 years:
☐ No ☐ **Yes****

Physician/psychologist visits in the last 5 years: ☐ No ☐ **Yes****

*Dosage, freq, physician, duration, reason
**Name, location, date, reason, outcome

Family History

Prior to age 70, parents & sibling(s):

Deceased? ☐ No ☐ **Yes***
Cancer? ☐ No ☐ **Yes***
Cardiovascular Disease? ☐ No ☐ **Yes***

*Provide relationship, age of onset, age/cause of death.

Alcohol Usage

☐ Never
☐ Current (Type/# per wk:_____ _____)
☐ Quit (last used:_____)
History of/treated for **alcohol** or **substance abuse**: ☐ No ☐ **Yes**

Severe Medical Conditions Diagnosed

Check all that apply & explain

☐ None
☐ Asthma
☐ Cancer
☐ Cardiovascular/ Heart Disease
☐ Cor. Artery Disease
☐ Crohn's Disease (Ileitis)
☐ Depression/Anxiety
☐ **Diabetes***
☐ Epilepsy/Convulsions
☐ Gastric/Peptic Ulcers
☐ Heart Attack
☐ Hepatitis
☐ Kidney or Liver Disease (chronic)
☐ Lupus
☐ Melanoma
☐ Mental/Emotional Cond.
☐ Multiple Sclerosis
☐ Rheumatoid Arthritis
☐ Sleep Apnea
☐ Stroke
☐ Ulcerative Colitis
☐ Vascular Disease

***Diabetes**

A1c Level: _____ Age Diagnosed: _____

Maintenance (check all that apply)
☐ Oral ☐ Insulin ☐ Diet & Exercise

Higher Risk Activities

Check all that apply & explain

☐ Ballooning
☐ Bungee Jumping
☐ Hang Gliding / Parachuting / Sky Diving
☐ Motor Sports of any type
☐ Pilot / Student Pilot / Flight Crew
☐ Rock / Mountain Climbing
☐ Scuba / Skin Diving
☐ Spelunking

Driving Record (last 5 years)

Ever convicted of a moving violation, received a DUI, or had license suspended or revoked? ☐ No ☐ **Yes***
If "yes," list details that will surface in the MVR.

Misc.

- Ever convicted or awaiting trial for a felony: ☐ No ☐ **Yes**
- Plan on traveling outside the U.S. for business or pleasure in the next 12 months: ☐ No ☐ **Yes**
- Permanent citizen/resident of U.S. or Canada: ☐ No ☐ **Yes**
- Member of the Armed Forces or planning to apply: ☐ No ☐ **Yes**
- Annual Earned Income: $ _____
- Net Worth: $ _____
- Bankruptcy in the last 5 years: ☐ No ☐ **Yes**
- Is this a replacement life policy: ☐ No ☐ **Yes**
- Had a life app modified, rated, declined, postponed: ☐ No ☐ **Yes**

Explain any "Yes" answers or "Checked" conditions. For medical conditions, include onset dates/duration, symptoms, complications, severity, treatment, medication, treating provider/location, outcome, etc. ***The more, the better!***

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