



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Ulcerative Colitis (Crohn's Disease) Questionnaire

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____

Proposed Insured: _____ Date of Birth: ___/___/___

Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()

Amount of Coverage \$ _____ Product Type _____

1. Please note type of inflammatory bowel disease present:

- Chronic ulcerative colitis
- Chronic proctitis
- Crohn's Disease

2. Please list date of onset _____

3. Please note severity:

- Mild (up to 4 weeks duration, maximum 1 attack per year)
- Moderate (4 to 6 weeks duration, 2 attacks per year)
- Severe (over 6 weeks duration, 3 or more attacks per year)

4. Please note location(s) of ulcerative colitis:

- Large colon
- Small bowel
- Rectum only (proctitis)

5. Please detail treatment involved (check and detail for all that apply):

- Medication, type and dosage _____
- Surgery
- Resection with total colectomy, date _____
- Resection with partial colectomy, date _____
- Hospitalization, date _____

6. Please note other related complications or impairments (check all that apply):

- Liver disorder or elevated liver function tests
- Anemia
- Gastrointestinal bleeding
- Transfusions
- Arthritis

7. Has a parent, brother or sister died prior to age 65, other than by accident? [] Yes [] No

If yes, please detail _____

8. Does the client exercise three or more times per week? [] Yes [] No

If yes, please detail _____

9. Client's occupation _____

10. Please list any other illnesses or impairments; along with any and all medications currently being taken, include the dosage and frequency of each: _____

