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Ulcerative Colitis Questionnaire

Name Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

Ulcerative Colitis

1. Date of onset: _____

2. Currently active – Date of last attack: _____ One attack only, date _____

3. Severity

- Mild (short duration, maximum 1 attack/year)
- Moderate (duration 4 to 8 weeks, 2 times attack/year)
- Severe (over 8 weeks duration, 3 or more attacks/year)

4. Location (s) of ulcerative colitis

- Large colon Small bowel Rectum only of Proctitis

5. Treatment

- Medications
- Surgery
 - Resection with total colectomy, Date: _____
 - Resection with partial colectomy, Date: _____

6. Other complications or medical impairments, specify details

- Live disorder or elevated liver function tests
- Anemia Gastrointestinal bleeding Transfusions
- Arthritis Other Illnesses: _____

General Questions:

1. Do you have any other major health problems? No Yes – Details: _____

2. List all medications: _____

3. Height _____ Weight _____ Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2004.
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