

# Alzheimer's Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:    Male / Female     
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker:    Y / N    Face Amount: \_\_\_\_\_  
Type of Insurance:    Universal Life    Whole Life    Survivorship    Term (# of years   )

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1. When was the proposed insured first diagnosed with Alzheimer's? \_\_\_\_\_

2. What was the diagnosis?

- Early Onset Alzheimer's (diagnosed prior to age 65)  
 Late Onset Alzheimer's (most common – diagnosed after age 65)  
 Familial Alzheimer's Disease (FAD)

3. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

- Short term memory loss  Long term memory loss  
 Inability to use judgment/make decisions  Loss of language skills  
 Difficulty learning/remembering new information  Decline in ability to perform everyday tasks  
 Other: \_\_\_\_\_

4. Is the proposed insured currently able to perform everyday tasks without assistance?  Yes  No  
If no, provide details: \_\_\_\_\_

4. Is the proposed insured current taking any medication(s)?  Yes  No  
If yes, provide name, dosage and frequency of medication(s) \_\_\_\_\_

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FAX TO 603-778-7918 or E-MAIL TO [sdonovan@uinc.com](mailto:sdonovan@uinc.com).