

Hepatitis 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 _____)

1. When was the proposed insured first diagnosed with hepatitis? _____
2. Which type was diagnosed? A B C Other: _____
3. Has the proposed insured fully recovered? Yes No
If yes, when? _____
4. Does the proposed insured have any restrictions on activities or diet? Yes No
If yes, provide details: _____

5. Have liver function studies been performed? Yes No
If yes, provide results: _____

6. Has a liver biopsy been done? Yes No
If yes, provide results (copy of pathology report if possible): _____

7. Does the proposed insured currently drink alcoholic beverages? Yes No
If yes, how much and how often? _____
8. Is the proposed insured current taking any medication(s)? Yes No
If yes, provide name, dosage and frequency of medication(s) _____

FAX TO 603-778-7918 or E-MAIL TO sdonovan@uinc.com.