United
Underwriters
Incorporated
...your ultimate brokerage resource!

Wegener's Granulomatosis 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 Wegener's Granulomatosis? _______________________________

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

___ Upper respiratory symptoms ___ Joint Pains ___ Weakness
___ Skin Lesions ___ Fever ___ Night sweats
___ Conjunctivitis ___ Scleritis ___ Episcleritis
___ Other: ____

3. Have any of the following been affected by this condition?

___ Lungs ___ Kidneys ___ Musculoskeletal System ___ Eyes ___ Skin

4. Has the proposed insured received any of the following treatments?

___ Prednisone Details: ____
___ Cyclophosphamide Details: ____
___ Azathioprine Details: ____
___ Methotrexate Details: ____
___ Bactrim or Septra Details:____
___ Leucovorin Details: ____
___ Other: ____

5. Is the proposed insured disabled as a result of this condition? ___ Yes ___ No
If yes, provide details: ____
____

6. 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@uuinc.com.

United Underwriters, Inc. PO Box 1103 Exeter, NH 03833 (p) 800-258-7296 uui@uuinc.com www.uuinc.com