

Agent: _____ **Phone:** _____ **Fax:** _____

Proposed Insured Name: _____ (M or F): _____ Age: _____

Face Amount: _____ Max Premium \$: _____ / year Type: (UL, WL, Term, or Survivorship) _____

Do you currently smoke cigarettes? (Y or N): _____ If no, did you ever smoke: (Y or N): _____ Quit date: _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...):

If Yes, please provide details: _____

When did you last use any form of tobacco: (Month) _____ (Year) _____ Type used last: _____

When was the condition first diagnosed?

What lead to the diagnosis of hemachromatosis?

When you were first diagnosed, how many blood draws (phlebotomies, venesections) were done in what time frame?

Are you now on a regular blood draw schedule? If yes, how often do you go? If not, why?

How often do you go for a health check up to your healthcare provider?

Are your liver function tests normal? Please check with you healthcare provider if you do not know and list any recent abnormal levels in the following table. These values are important for us to help you get a realistic idea of premiums before completing a formal application of insurance for a specific company:

Date of most recent test: I was told all of my liver function tests were normal. (Y or N) _____

Test values were as follows: GGTP: _____ SGOT/AST _____ SGPT/ALT: _____

Have there been any abnormalities or effects on other organs or tissues? If yes, please describe:

Is the proposed insured aware of any medical problems? If so, please describe:

(Accurate) Name of Medication:

Dosage:

Quantity Taken:

Frequency:
