

Underwriting Questionnaire



Autism

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____ Does the client live independently Yes No Currently working Yes No

Select the option that best describes the autism

- Asperger's syndrome/High functioning (IQ above 70, None or very minimal impairment in sensorimotor ability, well developed language skills)
- Mild (IQ 50-70, minimal impairment in sensorimotor ability, ability to acquire grade school academic skills, vocational skills for self-support may be achieved, may need assistance or guidance if stressed but may also be able to live independently or with limited supervision)
- Moderate (IQ 35-49, able to acquire some communication skills with training, academic skills limited to early grade school level, social skills significantly impaired but may be able to perform unskilled or semi-skilled labor under supervision)
- Severe (Poor motor development, minimal speech and little or no communication skills, not able to live independently)
- Profound (IQ < 20, none to minimal speech and communication skills, need to live in a closely supervised environment)

History of seizures Yes No If yes, please provide the following:

Type of seizure Grand mal Petit mal Partial seizure-complex Focal

Symptoms experienced with seizures (select all that apply)

- Unconsciousness
- Clouded consciousness
- Uncontrolled twitching
- Deep sleep
- Other (provide details) _____

Frequency of seizures _____ Date of last seizure _____

Any associated mental health or behavioral disorder (e.g. obsessive compulsive disorder, anxiety, panic attacks, depression or other) If yes, provide details _____

| Name of Medication (prescription or otherwise) | Dates Used | Quantity Taken | Frequency Taken |
|--|------------|----------------|-----------------|
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List any other major health problems the client has:

Questions?

Please call your McGill Brokerage Marketing Team at 800-279-0751.