

Underwriting Questionnaire



Chronic Obstructive Pulmonary Disease (COPD)

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 _____

Type of lung disease diagnosed

- Asthma Chronic bronchitis
 Emphysema Restrictive lung disease
 Other _____

Has the client ever been hospitalized for this condition Yes No If yes, provide date(s) _____

Has a pulmonary function test (breathing test) ever been done Yes No If yes, provide most recent date and test results below

Has a chest x-ray been done Yes No If yes, provide date _____ Results _____

Has an ECG been done recently Yes No If yes, provide date _____ Results _____

What is the client's build Height _____ Weight _____

Is the client using oxygen? Yes No If yes, provide date(s) _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

Questions?

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