

# Underwriting Questionnaire



## Lyme Disease

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 \_\_\_\_\_ Stage of disease (see examples of staging below for reference) \_\_\_\_\_

Has the client ever had neurological or cardiac complications associated with the Lyme Disease?  Yes  No

Stage 1 - acute/caught very early, usually asymptomatic with good response to treatment  
Stage 2 - may experience neurological or other complications ( e.g. headaches, fatigue, muscle pain, fibromyalgia, other)  
Stage 3 - chronic/incurable or never treated with ongoing complications and/ or residuals

If yes, please provide full details \_\_\_\_\_

How was the disease treated?  Oral doxycycline  Amoxicillin  Erythromycin  
 Penicillin  Other antibiotic or IV medication

Date treatment ended \_\_\_\_\_ Is the disease still present?  Yes  No

If fully recovered, provide a date the client was deemed fully recovered \_\_\_\_\_

Are there any ongoing complications or residuals?  Yes  No If yes, please provide full details \_\_\_\_\_

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.