Underwriting Questionnaire

Monoclonal Gammopathy



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.	
Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? \square Yes \square No			
Frequency	Date of last use	Type	
Date of first diagnosis			
Was a bone marrow biopsy done?			
Have the elevated protein (Ig) levels remained stable since diagnosis?			
Name of Medication (prescription or oth	erwise) Dates Used	d Quantity Taken Frequency	Taken

List any other major health problems the client has:

Questions?

Call McGill Brokerage at (800)-279-0751 ext. 233 for Dan Dahl, 210 for Tim Simmons, and 228 for Gary Kay. Email questions or completed forms to ddahl@mcgillbrokerage.com, tsimmons@mcgillbrokerage.com, and gkay@mcgillbrokerage.com.

