



## Prescription Underwriting Supplement

*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 \_\_\_\_\_

Exact name of medication(s) \_\_\_\_\_

Exact diagnosis that precipitated prescription \_\_\_\_\_

Dosage \_\_\_\_\_

Results of recent surveillance testing \_\_\_\_\_

Has the client been compliant with the medication?  Yes  No

Has the client has any adverse effects from the medication?  Yes  No

Has the client been prescribed medication by his/her doctor that he/she has decided to discontinue on his/her own? If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

### Questions?

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