

UNDERWRITING SCREENING WORKSHEET

Applicant's Name: _____ Date of Birth: _____

Amount Desired: _____ Plan: _____

Last time you used any tobacco or marijuana? _____ Male or Female: _____

Type and Frequency: _____

Is your blood pressure:

High Normal Low

Last Reading _____

Date Taken (if known) _____

Is your cholesterol:

High Normal Low

Last Reading _____

Date Taken (if known) _____

Please list any prescription medication you are currently taking. Use additional sheet if necessary.

<u>Prescription</u>	<u>Reason</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any history of diabetes, internal cancer, melanoma, drug or alcohol abuse? Yes* No

Do you have any other health problems (i.e., heart, circulation, sleep apnea, anxiety, depression or counseling)? Please detail below. Yes* No

* 1) Date of Diagnosis _____

* 2) Type of Treatment _____

* 3) Any Recurrences? _____

Date and Reason of last visit to your doctor: _____

What is your height & weight? _____

Mother's age and health: (heart/cancer?) _____

 If deceased, age at death & cause: _____

Father's age & health: (heart/cancer?) _____

 If deceased, age at death & cause: _____

Any deceased siblings? If yes, details: _____

Are you a U.S. citizen? If no, do you have a Green Card? _____

Any driving violations in the past 5 years? _____ If yes, dates: _____

Miscellaneous: (i.e., foreign travel, hazardous sports, exercise, recent offers.) _____

Do you have disability insurance? _____

FAX TO: THE WINNICK INSURANCE AGENCY, INC. (781) 239-0305

Or email to: winnick.insurance@verizon.net. Call us at (781) 235-2525

