



Rate Class Questionnaire

Agent: _____ Email: _____

Name _____ Sex: M__F__
Date of Birth _____ Face Amount _____
Build (Height/Weight) _____ Plan _____

1. **Family History:** Is there any history of the following diseases in parents or siblings: Cardiovascular, Cancer, Diabetes or Stroke? If yes, please give relationship, age at diagnosis, and if they have passed away, and age at death. _____

2. **Cholesterol:** Do you know your:

Cholesterol _____
HDL _____
LDL _____

3. **Blood Pressure:** Do you know your Blood Pressure? ____/____

If you are on Blood Pressure medication, please give date of onset, type and amount.

4. **Tobacco:** Do you or have you ever used any type of nicotine product (cigarettes, pipe, cigar, nicorette gum, chewing tobacco, Nicorette patch? If so, which type and how frequent and if you have stopped, when: _____

5. **Driving History:** Do you have any moving, DUI or reckless driving violations in the past 5 years? If so, please list: _____

6. **Alcohol/Substance Abuse:** Do you have any use of or history of treatment for either? If yes, please give details including: Type, amounts used, rehab and dates. _____

7. **Foreign Travel/Residence:** Do you plan to travel outside the US for business or pleasure within the next 24 months? If yes, please list details including dates, length of stay, countries and cities:

8. **Are you taking any medications?** If yes, what and why, how long? _____

9. **Personal History:** Is there any history of the following diseases: Cardiovascular, Cancer, Diabetes or Stroke. If yes, please give age at onset. _____
