

# LIFE INSURANCE PRELIMINARY HEALTH QUESTIONNAIRE

1. Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_
3. Death Benefit amounts to quote: \_\_\_\_\_
4. Length of Policy to quote (e.g. 10, 20, 30 years, Whole Life, etc.): \_\_\_\_\_
5. Have you used ANY form of Tobacco/Nicotine (cigarettes, nicotine patch, pipe, electronic cigarettes, cigars, dip/chew, nicotine gum, patches) in the past:  
5 years: Yes  No  12 months: Yes  No   
If yes, what type and how much? \_\_\_\_\_
6. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Weight change in last 12 months: \_\_\_\_\_
7. Have you ever been treated for: Latest Readings  
Blood Pressure Yes  No  Cholesterol Yes  No  B.P. \_\_\_\_\_  
Diabetes Yes  No  Heart Disease Yes  No  Total Chol. \_\_\_\_\_  
Cancer Yes  No  Stroke/TIA Yes  No  HDL \_\_\_\_\_  
A1C \_\_\_\_\_  
If yes, please provide details including when diagnosed, date and type of treatment, etc.  
\_\_\_\_\_  
\_\_\_\_\_
8. Has any member of your family (siblings and/or parents) been treated for **OR** died from Cancer, Heart Disease (including heart attack), or stroke prior to age 60? If so:  
Family: \_\_\_\_\_ Age of Onset/Death: \_\_\_\_\_  
Family: \_\_\_\_\_ Age of Onset/Death: \_\_\_\_\_
9. Are you currently taking, or have been prescribed to take any prescription medication in the last 5 years?  
Condition: \_\_\_\_\_ Condition: \_\_\_\_\_  
Medication: \_\_\_\_\_ Medication: \_\_\_\_\_  
Condition: \_\_\_\_\_ Condition: \_\_\_\_\_  
Medication: \_\_\_\_\_ Medication: \_\_\_\_\_
10. Do you have current plans to travel or reside in a foreign country in the next 12-24 months?  
Country: \_\_\_\_\_ Time/Length: \_\_\_\_\_ Reason: \_\_\_\_\_  
Country: \_\_\_\_\_ Time/Length: \_\_\_\_\_ Reason: \_\_\_\_\_
11. Do you participate in any avocations/hazardous activities (scuba diving, hang gliding, racing, private pilot, parachuting, etc.)  
Activity: \_\_\_\_\_ Details: \_\_\_\_\_
12. Have you had any moving violations in the past 5 years including speeding tickets, DWI/DUI or has your license been suspended? Yes  No   
If yes, please provide details including date and type of violation.  
\_\_\_\_\_
13. Is there anything else you can think of that an insurance company may be concerned about regarding your insurability? Yes  No   
If yes, please explain: \_\_\_\_\_