

CLIENT PRE-UNDERWRITING QUESTIONNAIRE

CONTACT
800.541.7713
coreincome.com

Date of Birth:

Height:

Weight:

Are you currently on (or have completed in the last 30 days) any prescribed medications?

Yes No

If yes, please list with dosage and corresponding health condition(s).

Medication

Dosage

Corresponding Health Condition

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Have you had any medical procedures, surgeries, or hospital stays in the last 5 years?

Yes No

If Yes, please list along with date(s) below.
