



LIFE INSURANCE QUESTIONNAIRE

PERSONAL INFORMATION

Name: _____

Date of birth: _____

Doctor visits

Please provide the following information about any doctors you've seen in the last five years for a medical condition, routine physical exam, or follow-up. Use a separate sheet of paper if there is not enough room in the space provided.

Doctor's name	City and state	Date of last visit	Reason for last visit	Testing performed and results	Treatment received and outcome
1					
2					
3					

Last recorded height	Weight	Blood pressure reading	Total cholesterol level

Diagnostic tests in past five years

Date	Type of test	Reason for visit	Results

Hospitalizations in past five years

Date	Reason	Results/outcome

Disability benefits

Are you currently receiving or have you applied for disability benefits including worker's compensation, Social Security Disability Income, or disability insurance? Please do not include maternity leave or VA disability benefits. Yes ☐ No ☐

Do you have a handicap parking permit or any limitations in daily activity? Yes ☐ No ☐

Social History

Tobacco & Vape use - type, when last used	Alcohol use - frequency & amount	Marijuana use - frequency, medical or recreational use

Medical history

List any medical conditions you have or have ever been diagnosed with. Use a separate sheet of paper if there is not enough room in the space provided.

Condition	Date of diagnosis	Current symptoms and limitations	Type and date of treatment	Tests done and results	Date of last doctor visit
1					
2					
3					

Medications

Provide the following information about the prescription medication or aspirin you are currently taking.

Prescription name	Dosage and frequency	Reason for usage	Length taken	Date last used
1				
2				
3				
4				
5				

If you have any of the following conditions, please be ready to provide the following information, and check with your doctor to make sure the pathology staging, tumor size and treatment information are accurate for the call.

Breast Cancer	Age at diagnosis	Size of tumor	Stage	Lymph node involvement	Type of treatment
Prostate Cancer	Age at diagnosis & pretreatment PSA	Gleason score	Stage	Type of treatment	Post treatment PSA
Colon Cancer	Age at diagnosis	Duke staging	Lymph node involvement	Type of treatment	
COPD	Age at diagnosis	Tobacco use Y/N	Oxygen use	Pulmonary function test results	Related hospitalization dates
Coronary Heart Disease	Age at diagnosis	Bypass surgery Y/N if yes, how many vessels	Angioplasty with or without stent placement Y/N	Heart attack Y/N	Last stress test date and results
Diabetes	Age at diagnosis	Complications	A1c level	Type of treatment	
Kidney Disease	Age at diagnosis	Polycystic kidney disease Y/N	GFR rate	BUN level	Serum Creatine level
Sleep Apnea	Age at diagnosis	Treatment type	Severity of symptoms	Date of last sleep study	Cpap compliant Y/N
Anxiety & Depression	Age at diagnosis	Treatment	Interferes with daily living Y/N	Related hospitalizations when & how long	Any past suicidal thoughts or attempts Y/N
Drug & Alcohol use	Age at diagnosis	Rehab Y/N if yes length of stay	Currently going to AA Y/N	Still using alcohol & or drugs	DUI dates

OTHER UNDERWRITING CONDITIONS

Has any parent or sibling had cancer, heart history, or death before age 60? (Provide details)

Any other medical conditions not covered above? Please explain: _____

Any other non-medical conditions not covered above? Please explain: _____

Have you traveled to a foreign country in the last 12 months? If yes, where and how long? _____

Do you have any foreign travel plans within the next 12 months? If yes, where and how long? _____

Please list any positive medical information the underwriter should know: (i.e. exercise, diet, vitamins, etc)

Please describe any occupational or recreational activities involving piloting an aircraft, mountain climbing, underwater diving, sky diving, race car driving etc.

Other:



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The information collected in this questionnaire is meant to assist in the life insurance evaluation process. Our firm does not make any determinations regarding life insurance health or financial underwriting. Any decisions regarding life insurance underwriting are at the sole discretion of the applicable life insurance carrier. You may be required to fill out additional life insurance carrier questionnaires