## **Underwriting Questionnaire**

## **Sleep Apnea**

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underwriting		
TEIL		

Producer Name	h	none	Date	
Client Name		Date of Birth		
☐ Male ☐ Female	Face Amount	Max Pre	emium \$	. /yr.
☐ Term ☐ Permanent	Has the client ever used	any form of tobacco (ciga	rettes, cigars, pipe, snuff,	etc.)? 🗆 Yes 🗆 No
Frequency	Date	of last use	Type	
Date of diagnosis	Diagnosed	I as □Obstructive	□Central □Mixe	d
Severity Severe	☐Moderate ☐I	∕lild		
	dy been done Yes I		aturation%	
How is the sleep apnea be No treatment Surgery (UPPP)			□CPAP Mask	
	f the following (if yes, provide ☐Arrhythmia ☐Coronary		StrokeDepr	ession
Does the client use alcoho	l □Yes □No (if yes, de	escribe usage below)		
Name of Marketin	(considering an all anning)	Detrolled	Occartity Talana	
ivame of iviedication	(prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:



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