

# QUICK QUOTE Multiple Sclerosis



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Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance. © COPYRIGHT LifeBrokers.

**CLIENT:** NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_  
AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_  
TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_  
LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED  
FAMILY HISTORY - AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_  
IF ANY DECEASED GIVE RELATION, AGE AND CAUSE, OF EACH \_\_\_\_\_  
DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_  
DO YOU EXERCISE 3 OR MORE TIMES PER WEEK?  NO  YES, DETAILS \_\_\_\_\_  
DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ / DATE OF LAST EKG \_\_\_\_\_ AND RESULTS \_\_\_\_\_  
LAST BLOOD PRESSURE READING (RESULTS) \_\_\_\_\_ / \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE  NO  YES  
LAST CHOLESTEROL READING, HDL READING (RESULTS) \_\_\_\_\_, \_\_\_\_\_ TREATED FOR CHOLESTEROL  NO  YES  
**AGENT:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

1. PLEASE LIST DATE OF DIAGNOSIS \_\_\_\_\_

2. IS MULTIPLE SCLEROSIS ACTIVE:  NO  YES

DATE OF LAST ATTACK \_\_\_\_\_

3. PLEASE LIST CURRENT MEDICATION(S) TAKEN AND DOSAGE(S) FOR MS:

\_\_\_\_\_  
\_\_\_\_\_

4. WHAT IS THE DEGREE OF SEVERITY OF MS?

**MILD** – TOTAL OF 2 TO 4 MILD EXACERBATIONS WITH NO RESIDUALS

**MODERATE** – SLOWLY PROGRESSIVE, ONE OR TWO ATTACKS PER YEAR WITH RECOVERY BETWEEN ATTACKS, AND SOME MODERATE RESIDUALS SUCH AS CANE USE

**SEVERE** – PROGRESSIVE, MORE THAN 2 ATTACKS PER YEAR, WHEEL CHAIR CONFINEMENT, BEDRIDDEN

**RAPIDLY PROGRESSING SYMPTOMS**

5. CURRENT SYMPTOMS (CHECK ALL THAT HAVE OCCURRED OVER THE PAST TWO YEARS):

- VISUAL DIFFICULTIES
- NUMBNESS
- WEAKNESS OR FATIGUE
- IMPAIRED SWALLOWING
- FREQUENT BLADDER INFECTIONS
- BOWEL CONTROL DIFFICULTIES
- USE OF CANE
- USE OF WHEEL CHAIR
- DIFFICULTY WITH SPEECH

6. DATE OF CLIENT'S LAST VISIT TO A PHYSICIAN:

- 0 TO 6 MONTHS AGO
- 6 TO 12 MONTHS AGO
- 12 TO 24 MONTHS AGO
- OVER 2 YEARS AGO

7. LIST ANY OTHER ILLNESSES OR IMPAIREMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY):

\_\_\_\_\_  
\_\_\_\_\_