

Hepatitis Questionnaire – Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: _____
 Proposed Insured: _____ Date Of Birth: _____ Gender: Male or Female
 Build: Height _____ Weight _____ Any Weight Loss In Last Year? If so how much _____
 Product Desired: Term Guarantee UL Index UL Whole Life Survivorship Life
 Face Amount Desired: Option 1 \$ _____ Option 2 \$ _____ Option 3 \$ _____
 Maximum Premium Tolerance Per Year: _____ Has Client Ever Used Any Form Of Nicotine? No Yes
 Type: Cigarettes Cigars Pipe Chew Patch Nicorette Gum E-Cigarette Vape
 Frequency: _____ Date Last Used _____
 Current Alcohol Use: Type _____ Number of Drinks: _____ Per _____ Day _____ Week Date Last Used: _____

- 1) Date of first diagnosis? _____
- 2) What type of hepatitis? Acute viral hepatitis A resolved Acute viral hepatitis B resolved
 Acute viral hepatitis C Hepatitis A unresolved Chronic persistent hepatitis B unresolved
 Chronic active hepatitis B unresolved Chronic persistent hepatitis C Chronic active hepatitis C
 Other, please specify: _____
- 3) Please check if any of the following studies have been completed:
 Liver ultrasound or CT scan or MRI - Results Normal / Abnormal
 Liver biopsy - Results Normal / Abnormal
 Viral Load/HCV RNA/HCV PCR _____
 Studies recommended/pending? _____
 No further evaluation
- 4) Please give the date and results of the most recent liver enzyme tests

Date	GGTP	ALT/SGPT	AST/SGOT
- 5) How frequently does your physician monitor your liver functions?
 Quarterly Semiannually Annually Other _____
- 6) Have you been diagnosed with any of the following? Fibrosis Cirrhosis Necrosis
- 7) Have you used any medications such as alpha interferon or Ribavarin? Yes No If yes; please list the name of the medication, dates used, quantity taken and frequency taken

- 8) Has there been any treatment done? Yes No If yes; provide details

- 9) When did treatment start: _____ and terminate: _____
- 10) Was the treatment successful in eliminating the virus? Yes No
- 11) Have you made any lifestyle changes to improve your overall health? Yes No If yes; provide details

- 12) Are you being treated for any other medical conditions? Yes No If yes; provide details

- 13) Is there family history of heart disease or cancer? Yes No If yes; provide details including relationship to yourself, age of onset, type and current age or date of death

- 14) When did you last see your physician for evaluation and what were results?

- 15) Please list all current medications, dosages and what condition the medication is treating

Please use additional pages if needed

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