

POCKET GUIDE TO UNDERWRITING

COMMON IMPAIRMENTS

This pocket guide to underwriting common impairments serves as a “cheat sheet” to help you collect the most important details related to some of the most common medical impairments that we deal with. Refer to this sheet to help you in collecting the information that is absolutely necessary in order for us to assess your client’s underwriting.

**Please always remember to ask your client to disclose details of any other health history issues whether related or unrelated to the common impairments addressed below.*

Producer Name: _____ Phone: _____ Date: _____
 Client Name: _____ Date of Birth: _____ Gender: _____
 Coverage Type: Whole Life Term Universal Life Face Amount: _____ Max Premium: _____

BASICS

- 1) What is the client’s height and weight?

 - 2) Does the client smoke cigarettes or are they a former smoker who quit within the last 5 years? If former smoker, please ask for “quit date”

 - 3) Does the client use any other form of tobacco? If yes, type and frequency?
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DIABETES

Date/age diagnosed:

Most recent A1C reading:

Is the client able to recall the last few A1C readings prior to the most recent testing?

If the client is unable to recall their last few readings, are they able to confirm whether or not their A1C has been consistent with the most recent reading?

How is their diabetes treated? Please name all treatment types and include dosages for medication treatments.

CANCER

Date of diagnosis:

State and Grade of cancer:

Name all treatments received:

Last date of treatment(s):

How often are they seen for regular follow ups?

When was their most recent follow up? Were all results normal?

Has there been any episode(s) of recurrence? If yes, please ask them to provide as much detail as possible

CARDIAC HISTORY

Exact diagnosis (i.e. heart disease, CAD, abnormal heart rhythm, etc.)

Did the client suffer a heart attack?

Was the abnormality found via testing?

When was the client's last full cardiac workup? What were the results?

Was stenting or bypass surgery performed? If yes, which arteries?

For valve disorders – which valve(s) replaced or repaired? Mechanical or organic?

For AFIB – was this a single or chronic event?

Please provide details including dates and treatments received for any cardiac episodes including cardiac catheterization, heart attack, etc.