



Underwriting Questionnaire

- **GENERAL INFO:**

Name

State

Date of Birth

Height

Weight

- **HAS YOUR CLIENT EVER BEEN DECLINED? IF SO, PLEASE PROVIDE REASON FOR DECLINE & DATES.**

- **TOBACCO USE?**

If yes, what type and do you currently use?

- **MARIJUANA USE IN THE LAST 12 MONTHS?**

If yes, when did you use last?

Frequency:

Is it a prescription?

How is marijuana being taken?

- **MEDICAL IMPAIRMENT:**

Cancer: Type and date of completion:

Diabetes: Date of Diagnosis and last known A1C:

Sleep Apnea - Date of onset:

Currently under treatment?

Yes

No

Coronary Artery Disease - Date, any surgical procedures (date of procedure), and date of last cardiac test:

Surgery or procedures in last 10 years - Type of surgery and date:

- **MEDICAL HISTORY:**

Please provide any medical impairments within the last 10 years. Please provide diagnoses date and date of last treatment. ***Depending on the impairment, OCI may request additional health questionnaires to be completed***

- **MEDICATIONS:**

Medication, purpose, dosage and frequency

- **FAMILY HISTORY**

In your immediate family has there been an occurrence of coronary artery disease, cancer or diabetes? Yes No

If yes, Relationship:

Coronary Artery Disease: Was the occurrence prior to age 65 and did he/she pass away from this condition?

If death, age at time of passing:

Cancer: Type of cancer and did he/she pass away from this condition?

If death, age at time of passing:

Diabetes: Was the occurrence prior to age 65 and did he/she pass away from this condition?

If death, age at time of passing:

- **MOTOR VEHICLE:**

Moving Violations in past 3 years - If yes, how many, dates and details:

Convicted for driving under the influence or reckless driving? Dates and details:

Please email completed form to lifesales@ociservices.com. You will receive a response within 3-4 days.