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\$ SAVING YOU TIME \$
\$ MAKING YOU MONEY \$

**Obtaining a Preliminary Opinion for
SPECIAL RISK life insurance.**

**Questionnaires to obtain the
most accurate Underwriting
Opinion**

Toll Free Phone: 877-564-1707

Fax Line: 308-632-8456

insurance

Life ^ is important to us

Some types of health conditions that we may be able to help attain would include:

- ✓ **Cancer**
- ✓ **Strokes**
- ✓ **Heart Attacks**
- ✓ **Coronary Artery Disease**
- ✓ **Sleep Apnea**
- ✓ **Diabetes**
- ✓ **Drug/Alcohol History**
- ✓ **Hepatitis C**
- ✓ **Depression**
- ✓ **Obesity**
- ✓ **Other tobacco use**

Call us for questionnaires on other Special Risks!!

What do we need to know:

CANCER

Date of Diagnosis

Type of Cancer

Stage/Gleason Score

Type of Treatment
(surgery, radiation, chemo)

Date of Last Treatment

PSA reading (Prostate)

Copy of the pathology report

**Types of cancer that can be considered
include:**

Prostate, colon, skin and lung cancer

**Offers can range from Temporary extra
premium to permanent flat extra premium or
Table rated to Decline**

Strokes

Date (or Dates) stroke(s) occurred

Date of Last Symptoms

Residual Effects (weakness, vision or speech)

Restriction of mobility

Type of medication

Results of carotid Ultrasound

Heart Attack / Coronary Artery Disease

Age at time of event

How much muscle damage

Current symptoms
(chest pain, shortness of breath, fatigue)

What procedure
(bypass surgery, stints)

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How many vessels involved

**Date of last Stress Test and Doctor visit
(results)**

Lifestyle changes

(Cholesterol, blood pressure, smoking, build & exercise)

Sleep Apnea

When Diagnosed

Sleep Study Results (mild, moderate or severe)

Type of Treatment (Surgery, C-Pap, mouthpiece)

If C-Pap, (used every night?)

Diabetes

Age of Diagnosis

Controlled How (Diet, Oral meds or insulin)

Complications

Neuropathy (numbness in extremities)

Vision Problems

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Protein in urine(kidney problems)

Heart trouble

Hemoglobin A1c or Blood sugar readings (when)

Drug/Alcohol

Type of drugs or alcohol

Frequency and quantity

Usage changed in last 5 years

Treatment

Inpatient/outpatient

Voluntary

How many times

**Marital status, occupation and length of
employment**

Obesity

Current Build

Change in past 12 months

Parents build and ages

Hepatitis C

When Diagnosed

How contracted (IV drugs, blood transfusion)

What tests completed

Liver Biopsy

**(inflammation, fibrosis or cirrhosis,
pathology report)**

Treatment

Interferon, rebetron, peg-interferon

When completed

Successful?

Depression

When Diagnosed

Chronic or Situational

Medications/Treatments

Hospitalization

Suicide Attempts/Disability

Other Tobacco

Type of Tobacco

Cigarette, cigar, pipe, chew or nicotine products

Past Tobacco Use

Cigars (not more than 12/year)

Lifestyle Credits

Define Exercise Program

Treadmill

Dietary Improvements

Good Family History

***Call us for a questionnaire on these and
other Special Risks!!***