



Hepatitis Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. When was the proposed insured first diagnosed with hepatitis? _____

2. Which type was diagnosed? A B C Other: _____

3. Has the proposed insured fully recovered? Yes No
If yes, when? _____

4. Does the proposed insured have any restrictions on activities or diet? Yes No
If yes, provide details: _____

5. Have liver function studies been performed? Yes No
If yes, provide results: _____

6. Has a liver biopsy been done? Yes No
If yes, provide results (copy of pathology report if possible): _____

7. Does the proposed insured currently drink alcoholic beverages? Yes No
If yes, how much and how often? _____

8. Is the proposed insured currently taking any medication(s)? Yes No
If yes, provide name, dosage and frequency of medication(s) _____

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