



Narcolepsy 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 narcolepsy? _____

2. Has the proposed insured ever experienced any of the following symptoms? (Check all that apply.)

- Excessive daytime sleepiness
- Sudden loss of muscle tone
- Sleep paralysis
- Hallucinations

3. Has the proposed insured had any of the following tests?

- Actigraphy Date & Results: _____
- Polysomnogram Date & Results: _____
- Multiple sleep latency Date & Results: _____

4. How has the proposed insured been treated for this condition? _____

5. Is the proposed insured disabled as a result of this condition? Yes No
If yes, provide details: _____

6. Does the proposed insured have a valid, active driver's license? Yes No

7. 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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