



Thalassemia 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 diagnosed with Thalassemia? _____

2. What type of Thalassemia was diagnosed?

Thalassemia Major Thalassemia Intermedia Thalassemia Minor

3. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

<input type="checkbox"/> Anemia	<input type="checkbox"/> Pallor	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Weakness	<input type="checkbox"/> Blood in urine	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Jaundice	<input type="checkbox"/> Enlarged spleen	<input type="checkbox"/> Enlarged liver
<input type="checkbox"/> Skull deformity	<input type="checkbox"/> Mongoloid faces	<input type="checkbox"/> Heart enlargement

4. How is the proposed insured being treated? _____

5. Have the following tests been completed for the proposed insured?

<input type="checkbox"/> Hepatitis Panel (A,B,C)	<input type="checkbox"/> Normal: Date: _____	<input type="checkbox"/> Abnormal: Date: _____
<input type="checkbox"/> Liver Ultrasound/CT/MRI	<input type="checkbox"/> Normal: Date: _____	<input type="checkbox"/> Abnormal: Date: _____
<input type="checkbox"/> Liver Biopsy	<input type="checkbox"/> Normal: Date: _____	<input type="checkbox"/> Abnormal: Date: _____

6. 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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