



Build Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____Term 10 15 20 30 _____UL

1. Current height and weight of the proposed insured? _____Height _____Weight

2. History of weight:

| | |
|---------------------|----------------------------|
| 3 Months ago: _____ | Cause of fluctuation _____ |
| 6 Months ago: _____ | Cause of fluctuation _____ |
| 1 Year ago: _____ | Cause of fluctuation _____ |
| 2 Years ago: _____ | Cause of fluctuation _____ |
| 5 Years ago: _____ | Cause of fluctuation _____ |
| 10 Years ago: _____ | Cause of fluctuation _____ |

3. Does the proposed insured have any family history of health issues? ___Yes ___No
(If yes, please provide the relationship to the proposed insured and the date of onset and/or death): _____

4. Is the proposed insured taking any medication for this condition or any other? ___Yes ___No
(If yes, please provide the name, dosage, and frequency):

| | | |
|-------------|---------------|------------------|
| Name: _____ | Dosage: _____ | Frequency: _____ |
| Name: _____ | Dosage: _____ | Frequency: _____ |
| Name: _____ | Dosage: _____ | Frequency: _____ |
| Name: _____ | Dosage: _____ | Frequency: _____ |

5. What is the proposed last know blood pressure? _____Date _____Systolic/Distolic

6. What is the proposed insured's cholesterol?
LDL ("bad" cholesterol): _____ HDL ("good" cholesterol): _____

7. Are there any other conditions that may impact life underwriting? ___Yes ___No
(If yes, please describe): _____
