

## SecureLife Preliminary Underwriting Questionnaire

### ANXIETY, DEPRESSION, MENTAL DISORDER

General: Applicants with schizophrenia are not insurable. Applicants that have suffered from psychosis, severe depression or bi-polar disorder may be considered 2 years after last hospitalization, suicide attempt or diagnosis. As this is a general guideline only, we recommend that you submit a preliminary inquiry prior to proceeding with a full application. To do so, please complete the following brief questionnaire and fax (416-322-6846) or email ([info@hunmcc.com](mailto:info@hunmcc.com)) it to us.

Client name (optional): ..... Age or Birthdate: .....

Height: ..... Weight: .....  Male  Female Smoker:  Yes  No

1. Describe condition:

.....  
.....  
.....

2. Date of first symptoms: .....

Is it chronic or situational in nature? ..... If situational, explain: .....

.....

Are you on any medication for this?  Yes  No If yes, what type? .....

.....

Are you compliant?  Yes  No If no, explain: .....

.....

3. Any hospitalizations or suicide attempts?  Yes  No If yes, give details, including dates: .....

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Any alcohol or drug abuse?  Yes  No If yes, give details: .....

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4. Is a physician or psychiatrist being seen? .....

5. Are you currently performing your normal duties?  Yes  No If no, give details: .....

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6. Is there any other history or condition that you think may affect your insurability? If yes, please provide a brief summary below, or complete the appropriate questionnaire.

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Advisor name: \_\_\_\_\_ email: \_\_\_\_\_

Advisor telephone: \_\_\_\_\_ Today's date: \_\_\_\_\_