

Securelife Preliminary Underwriting Questionnaire

CROHN'S DISEASE AND ULCERATIVE COLITIS

General: We can consider most applicants with a history of Crohn's disease or ulcerative colitis. We do recommend, however, 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@humcc.com) it to us.

Client name (optional): Age or Birthdate:

Height: Weight: Male Female Smoker: Yes No

1. Date of first symptoms :

2. Date of diagnosis :

3. Is it considered chronic ?

4. Any surgery or hospitalization ?

5. Current symptoms :

6. Current medications :

7. Maximum weight during adult life :

8. 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: _____