

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current Date Stopped: _____ Type: _____

Coverage Information: Type: Term WL UL VUL IUL Survivorship

Face Amount: _____ Premium Tolerance: _____

Proposed Insured's Existing Insurance

| Insurance Company | Face Amount | Year Issued | Replacement (Yes/No) |
|-------------------|-------------|-------------|----------------------|
| | | | |
| | | | |
| | | | |

1. Date of Diagnosis _____

2. Type of lupus diagnosed?:
 Systemic lupus erythematosus (SLE)
 Discoid lupus
 Drug-induced SLE

3. Please note if the lupus is:
 In remission (list date of last exacerbation): _____
 Currently present

4. Check if client has had any of the following:
 Low blood counts Neurologic disorder
 Lung involvement (pleuritis) Heart involvement (pericarditis)
 Proteinuria Renal insufficiency or failure
 High blood pressure

5. What type of treatment has client had? _____

6. When was treatment terminated? _____

7. Have steroids ever been prescribed? No Yes

8. Please list current medications

| Name of Medication | Dosage | Reason |
|--------------------|--------|--------|
| | | |
| | | |
| | | |

9. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: