

PANHYPOPITUITARISM

CLIENT NAME: _____ **Date:** _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor **Type of Coverage:** Term UL Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

| PROPOSED INSURED'S EXISTING INSURANCE | | | |
|---------------------------------------|-------------|-------------|---------------------------|
| Full Name of Company | Face Amount | Year Issued | Is Policy to be Replaced? |
| | | | |
| | | | |

1. When was client diagnosed with pituitary dysfunction? _____

2. What was the cause of the pituitary dysfunction? _____

3. What kind of hormone replacement therapy is required? _____

4. Please list dates of any hospitalizations, radiation treatments, or surgeries. If there was a tumor, please provide a pathology report and the results of any scans.

Date: _____

Date: _____

Date: _____

Date: _____

5. List all medications client is taking. (accurate name, dosage, and reason)

| (Accurate) Name of Medication | Dosage | Reason |
|-------------------------------|--------|--------|
| | | |
| | | |
| | | |

6. Are there any other health problems? (additional questionnaires may be required) No Yes; please give details

FAMILY HISTORY (ADDENDUM)

CLIENT NAME: _____ Date: _____

Male Female Date of birth: _____ Height: ____' ____" Weight: _____

1. Has the proposed insured had relative(s) with any of the following:

Parent

Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)

Age of onset: _____ Date of death: _____

Brother

Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)

Age of onset: _____ Date of death: _____

Sister

Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)

Age of onset: _____ Date of death: _____

2. If yes to any of the above, please provide details/information
