BackNine Insurance

QUICK QUOTE FOR PARKINSON'S DISEASE

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

CLIENT: NAME _____ / ❑ M ❑ F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED $ _____ / MAX. ANNUAL PREMIUM $ _____ / TYPE OF INS. ❑ UL ❑ TERM YRS. LVL _____

TOBACCO USE ❑ NO ❑ YES, TYPE _____ / REPLACEMENT? ❑ YES ❑ NO / CURRENT ANN. PREM. $ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS ❑ SINGLE ❑ MARRIED ❑ WIDOWED ❑ DIVORCED

FAMILY HISTORY: AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____

IF ANY DECEASED, GIVE RELATION(S), AGE(S) AND CAUSE(S) _____

DRIVING RECORD: # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK ❑ NO ❑ YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ / DATE OF LAST EKG _____ AND RESULTS _____

LAST BLOOD PRESSURE READING (RESULTS) _____/_____ / ARE YOU TREATED FOR BLOOD PRESSURE ❑ NO ❑ YES

LAST CHOLESTEROL READING, HDL READING (RESULTS) _____, _____ TREATED FOR CHOLESTEROL ❑ NO ❑ YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. PLEASE LIST THE DATE OF THE FIRST DIAGNOSIS _____

2. PLEASE NOTE THE CURRENT FUNCTIONAL STAGE:

❑ STAGE 1: UNILATERAL INVOLVEMENT

❑ STAGE 2: BILATERAL INVOLVEMENT, BUT NORMAL STANCE

❑ STAGE 3: BILATERAL INVOLVEMENT WITH MILD POSTURAL MBALANCE BUT ABLE TO LEAD AN INDEPENDENT LIFE

❑ STAGE 4: BILATERAL INVOLVEMENT WITH POSTURAL INSTABILITY, REQUIRES SUBSTANTIAL HELP

❑ STAGE 5: SEVERE DISEASE, RESTRICTED TO BED OR WHEELCHAIR

3. PLEASE LIST CURRENT MEDICATIONS:

_____

_____

4. HAS THERE BEEN ANY EVIDENCE OF PROGRESSION?

❑ NO ❑ YES, PLEASE DETAIL _____

_____

5. PLEASE NOTE IF ANY OF THE FOLLOWING HAVE OCCURRED (CHECK ALL THAT APPLY):

❑ DEMENTIA
❑ MEMORY PROBLEMS
❑ ASPIRATION
❑ RECURRENT INFECTIONS
❑ FALLS
❑ RECURRENT INJURIES

6. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY), ALONG WITH ALL MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:

_____

_____

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