

DOWN SYNDROME / INTELLECTUAL DISABILITY

OLIFNIT MARKE.				Data	
CLIENT NAME: Male Female Date of birth:		Weight: Date:			
					ne product:
Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: ☐ Use now Type of nicotine product: 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	unt	Year Issued	I	Is Policy to be Replaced?	
1. What is applicant's IQ?					
2. Is applicant self-supporting? □ No □ Yes; please give details					
3. Is client on any medications now? (accurate name, dosage, and reason)					
(Accurate) Name of Medication	Dosage	Reason			
DOWN SYNDROME					
1. What is applicant's social and economic situation?					
1. What to approant a door and door only obtained is					
2. Are there any cardiovascular or pulmonary problems? □ No □ Yes; please give details					
INTELLECTUAL DISABILITY					
1. At what age did applicant become diagnosed?					
2. Is the disability chromosomal? □ No □ Yes; PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE					