

### Underwriting Worksheet

Height \_\_\_\_\_ Weight \_\_\_\_\_ Meet Columbian Requirements Yes No  
 Tobacco User Yes No  
 Payment type Bank draft Card Direct Express  
\*If you suspect they don't have a bank account, ask.

**Hospital** How many overnight night trips in last 1-2 years \_\_\_\_\_ 1 year \_\_\_\_\_ Any within last 6 months: Y N  
\*Don't include trips to the ER or trips that were not overnight.

**Heart issues**  
 Heart Attack Stroke Stent Pacemaker CHF Angina Yes No  
\*List all heart medications/blood thinners/water pills at the bottom. i.e nitros, isosorbide, metoprolol, carvedilol, digoxin, clopidigrel, warfarin, furosemide/lasik, etc

When did the most recent heart event happen? 0-1 year 1-2 years ago 2+ years ago

**Liver issues** Cirrhosis Hepatitis Liver Failure Yes No

**Lung Issues** COPD Asthma Allergies

Have you been prescribed an inhaler in the last 7 years Yes No

How many inhalers? How frequently is your inhaler refilled? (Albuterol, Advair, Symbicort)

1 2 3 Every month Two months 3 months 1-3 times / year

How Long have you had COPD? < 3 years 3+years

Experienced bronchitis, pneumonia, or respiratory infections in the last 3 years? Yes No  
\*Only ask if client has had COPD for over 3 years

Currently or within the last 6 months were you prescribed an oxygen tank or nebulizer? Yes No  
\*Do not put yes if client has CPAP machine for sleep apnea if its forced air

**Cancer** Have you ever had internal or melanoma cancer? Yes No

Approximate month & year that you were pronounced cancer free? \_\_\_\_\_  
\*Use date of last cancer treatment or surgery if unsure \*\*List any cancer maintenance meds currently being taken

< 90 days 90 days - 1 year 1-2 years 2-4 years 4 -5 years 5+ years

**Diabetes** Yes No  
 Do you take Insulin? Yes No

What age did you start taking insulin? < 30 30-40 45-50 50+

Have you been prescribed Gabapentin Lyrica Yes No

Amputation due to disease < 2 years 2+ years Yes No

**Any other DIAGNOSED diseases or issues (circle or list any that apply)**

AIDS	Kidney Failure	Depression	Lupus	Dialysis	Organ TP
ALS	Bedridden	Multiple	Seizures	Bi-Polar	ADL's
Alcohol/Drug	Cystic Fibrosis	Sclerosis	Amputation	Parkinson's	Oxygen
Alzheimer/Dem	Schizophrenia	Huntington's			

List any of the above conditions that apply \_\_\_\_\_

Are medications through the VA Yes No

List medications and length of time they've had it