Submit by Email | Print Form

Washington Brokerage

Preliminary Health Questionnaire for Trial / Informal Application

*Submit with **WA Brokerage HIPAA** and any necessary medical records.*

Fax to (206) 529-9001 or email to your Case Manager.

PROPOSED INSURED:_____**DOB:**_____

HT:_____ft. _____in. WT:_____lbs. SSN:_____

PLAN:_____Term_____Universal Life_____Whole Life Amount of Insurance:_____

TOBACCO USE:_____NO_____YES: _____Cigarettes_____Cigars_____Pipe_____Chew

FREQUENCY OF USE:_____

Has any immediate relative (father, mother, sister, brother) have or had an occurrence of, or died from, heart disease, diabetes complications, or cancer prior to the age of 60? If YES, please specify; include age(s).

_____

_____

_____

Ever been treated for elevated blood pressure? _____NO_____YES Date of Diagnosis:_____

How long has BP been controlled?_____

Most recent BP readings:_____

Medications taken for BP:_____

Ever been treated for elevated cholesterol? _____NO_____YES Date of Diagnosis:_____

How long has cholesterol been controlled?_____

Most recent cholesterol readings:_____

Medications taken for cholesterol:_____

Angioplasties, bypass, etc? (list dates, reason, number)_____

_____

Any cancer or surgery in the past 20 years? (dates, current treatment or resolution)_____

_____

_____

Edie Ingersoll & Associates, Inc., dba Washington Brokerage
P.O. Box 15120 ✯ 3408 NE 65th Street, Suite A ✯ Seattle, Washington 98115
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PROPOSED INSURED:_____

Any history of diabetes? (type, duration, A1C reading)_____

_____

If not already listed above, list all medications currently being taken, reason, dosage and frequency._____

_____

_____

Any history of drug &/or alcohol abuse (include details of treatment, if any)? _____

_____

More than 2 moving violations in 3 years; DUI or suspension in past 5 years? _____

_____

RESIDENT STATUS:_____US CITIZEN _____PERMANENT RESIDENT _____GREEN CARD

OTHER VISA (specify):_____

Do you fly an airplane or participate in any other hazardous activities (SCUBA diving, sky diving, etc)? _____

_____

Any other medical impairment(s)? (use additional pages if necessary)_____

_____

_____

_____

Physicians/Hospitals visited in the last 5 years (use additional pages if necessary): _____

_____

_____

_____

Agent Name & Contact Information: _____

_____

Include a signed Washington Brokerage HIPAA Authorization plus all medical records.

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