



Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of birth: _____

Face Amount: _____ Max. Premium: \$ _____ / year UL WL Term Survivorship

Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): Y N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) ____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

(1) **Date of Diagnosis:** _____

(2) **What type of lupus has been diagnosed:** Discoid Lupus Systemic (disseminated) Lupus (SLE)

(3) **Which organs/tissues have been involved:**

Skin Kidneys Central Nervous System

Other: _____

(4) **Has the condition disappeared completely?** No Yes If Yes, date of last required treatment: _____

(5) **If the condition has ever disappeared, has it relapsed?** No Yes If it has relapsed, please complete the following:

	Date Started	Date Ended
Initial Lupus Episode		
Condition's Most Recent Disappearance		
Condition's Most Recent Relapse		

(6) **What medications were/are being used to control the condition or any other condition affecting the proposed insured?**

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

(7) **Please list any other medical information that may help provide a realistic preliminary assessment:**
