

Life Questionnaire



All sections outlined in red are required. If an item is not applicable, check the N/A box and skip to the next section.

1. INSURE ME

Zip code: _____ State of residence: _____
 Legal Name: _____
 Email Address: _____
 Telephone: _____
 Date of Birth: _____ Gender: _____
 Height: _____ ft. _____ in. Weight: _____ lbs.

Tobacco use Section N/A

Former smoker	Current smoker
Use type:	Use type:
Quit date:	Start date:

Marijuana use: Section N/A

Current use	
Use type:	Frequency:
Start date:	

Do you participate in any high risk activities?

Yes; list activities below No

Health Questions & Family History

a) Is anyone to be covered currently taking prescription medicine? If 'Yes', list below Y N

Medication Name	Reason	First Use Date
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b) Do you have a family history (parents, siblings only) of coronary artery disease or cancer? If 'Yes', list below: Y N

Relationship to You	Onset Age	Current Age	Age at Death
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3. INSURE MY CHILDREN

Y N

If 'Yes,' please complete the Life Questionnaire Supplemental form.

2. INSURE MY SPOUSE

Section N/A

State of residence (if different from primary): _____
 Legal Name: _____
 Email Address: _____
 Telephone: _____
 Date of Birth: _____ Gender: _____
 Height: _____ ft. _____ in. Weight: _____ lbs.

Tobacco use Section N/A

Former smoker	Current smoker
Use type:	Use type:
Quit date:	Start date:

Marijuana use: Section N/A

Current use	
Use type:	Frequency:
Start date:	

Does spouse participate in any high risk activities?

Yes; list activities below No

Health Questions & Family History

a) Is anyone to be covered currently taking prescription medicine? If 'Yes', list below Y N

Medication Name	Reason	First Use Date
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b) Do you have a family history (parents, siblings only) of coronary artery disease or cancer? If 'Yes', list below: Y N

Relationship to You	Onset Age	Current Age	Age at Death
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