



Diversified Marketing Group, Inc.
NERVOUS DISORDERS/DEMENTIA QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
 Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
 Broker's Name: _____ Face Amount: _____
 BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. What is your actual diagnosis?
2. When were you diagnosed?
3. What were your first symptoms?
4. Please indicate dates and tests that have been completed to give you this diagnosis?

Date:	Test:
Results:	
Date:	Test:
Results:	
Date:	Test:
Results:	
Date:	Test:
Results:	

5. Is the disease mild and slowly progressive? No Yes, Details:
6. Has there been any deterioration in your memory? No Yes, Details:
7. Do you have any other major health problems? No Yes, Details:
8. Check all of the following that are applicable. I am able to:

<input type="checkbox"/> Care for myself	<input type="checkbox"/> Handle my own finances
<input type="checkbox"/> Live on my own	<input type="checkbox"/> Handle my own legal affairs
9. Are you on any medication(s)? No Yes, Name(s) and dosage(s):

10. Date you last consulted your physician: _____
 11. Name and address of your physician(s): _____

12. Were the above questions answered by you, the proposed insured? Yes No
 Who did? _____ Relationship: _____
 Why? _____

Underwriter's Notes:

Date: _____ Proposed Insured's Signature: _____