

Cenco Insurance Marketing Corporation
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Questionnaire For: Ulcerative Colitis (Crohn's Disease)

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
Proposed Insured: _____ Date of Birth: ___/___/___
Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
Amount of Coverage \$ _____ Product Type _____

1. Please note type of inflammatory bowel disease present:
 Chronic ulcerative colitis
 Chronic proctitis
 Crohn's Disease
2. Please list date of onset _____
3. Please note severity:
 Mild (up to 4 weeks duration, maximum 1 attack per year)
 Moderate (4 to 6 weeks duration, 2 attacks per year)
 Severe (over 6 weeks duration, 3 or more attacks per year)
4. Please note location(s) of ulcerative colitis:
 Large colon
 Small bowel
 Rectum only (proctitis)
5. Please detail treatment involved (check and detail for all that apply):
 Medication, type and dosage _____
 Surgery
 Resection with total colectomy, date _____
 Resection with partial colectomy, date _____
 Hospitalization, date _____
6. Please note other related complications or impairments (check all that apply):
 Liver disorder or elevated liver function tests
 Anemia
 Gastrointestinal bleeding
 Transfusions
 Arthritis

7. Has a parent, brother or sister died prior to age 65, other than by accident? Yes No
If yes, please detail _____
8. Does the client exercise three or more times per week? Yes No
If yes, please detail _____
9. Client's occupation _____
10. Please list any other illnesses or impairments; along with any and all medications currently being taken, include the dosage and frequency of each:

