

# Down Syndrome / Retardation Questionnaire



Submit This Form with your application for better informed underwriting

## Client Information

Client Name:					
DOB:	Gender	Height	Weight	Marital Status	
Occupation & Length of Employment:					
Tobacco Use	Never Used	Totally Stopped		Current User	
		Date Stopped		Type Used	
Type of Coverage	Term	UL	Survivor	Amount \$	

## Essential Information

1	What is applicant's IQ?	Is applicant self-supporting		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>If yes give details:</i>		
2	List current medications (accurate name, dosage and reason)			
3	Does the client have any other health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes provide details:</i>	

## DOWN SYNDROME – please provide as much detail as possible

1	What is applicant's social & economic situation?			
2.	Are there any cardiovascular or pulmonary problems,	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If, yes give details:</i>	

## RETARDATION – please provide as much detail as possible

1.	At what age did applicant become mentally retarded?			
2	Is the retardation chromosomal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes give details:</i>	

**Confidential**

Down Syndrome / Retardation Questionnaire  
Date Published: 9/9/2014

**Don Booser & Associates**

P: 1-800-543-0886  
F: 1-888-543-0886