



# QUICK QUOTE FOR MULTIPLE SCLEROSIS

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

CLIENT: NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_

AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_

TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT?  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED

FAMILY HISTORY: AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_

IF ANY DECEASED, GIVE RELATION(S), AGE(S) AND CAUSE(S) \_\_\_\_\_

DRIVING RECORD: # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK  NO  YES, DETAILS \_\_\_\_\_

DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ / DATE OF LAST EKG \_\_\_\_\_ AND RESULTS \_\_\_\_\_

LAST BLOOD PRESSURE READING (RESULTS) \_\_\_\_\_ / \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE  NO  YES

LAST CHOLESTEROL READING, HDL READING (RESULTS) \_\_\_\_\_, \_\_\_\_\_ TREATED FOR CHOLESTEROL  NO  YES

AGENT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

1. DATE MULTIPLE SCLEROSIS WAS DIAGNOSED \_\_\_\_\_

2. IS MULTIPLE SCLEROSIS ACTIVE?  
 NO  YES

WHAT IS THE DATE OF THE LAST ATTACK \_\_\_\_\_

3. PLEASE LIST CURRENT MEDICATIONS:  
\_\_\_\_\_  
\_\_\_\_\_

4. WHAT IS THE DEGREE OF SEVERITY OF M.S.?  
 MILD - TOTAL 2 TO 4, MILD EXACERBATIONS WITH NO RESIDUALS

MODERATE -SLOWLY PROGRESSIVE, ONE OR TWO ATTACKS PER YEAR WITH RECOVERY BETWEEN ATTACKS, SOME MODERATE RESIDUALS, SUCH AS CANE USE

SEVERE - PROGRESSIVE, MORE THAN 2 ATTACKS PER YEAR, WHEEL CHAIR CONFINEMENT, BEDRIDDEN

RAPIDLY PROGRESSING SYMPTOMS

5. CURRENT SYMPTOMS (CHECK ALL THAT HAVE OCCURRED OVER THE **PAST TWO YEARS**):

- VISUAL DIFFICULTIES
- NUMBNESS
- WEAKNESS OR FATIGUE
- IMPAIRED SWALLOWING
- FREQUENT BLADDER INFECTIONS
- BOWEL CONTROL DIFFICULTIES
- USE OF CANE
- USE OF WHEEL CHAIR
- DIFFICULTY WITH SPEECH

6. DATE OF CLIENT'S LAST VISIT TO A PHYSICIAN:

- 0 TO 6 MONTHS AGO
- 6 TO 12 MONTHS AGO
- 12 TO 24 MONTHS AGO
- OVER 2 YEARS AGO

7. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY), ALONG WITH ALL MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:

\_\_\_\_\_  
\_\_\_\_\_  
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