



# Elevated Liver Enzyme Questionnaire

Client

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
What is the diagnosed cause of the elevation?	
Does the applicant smoke?	
How much alcohol does the applicant drink?	
Is the applicant being treated for the elevation?	
Medication currently being taken:	
Does the applicant have any other medical conditions?	
Other information:	

**Please return the completed form to your financial professional.**

All quotes are tentative and are NOT BINDING and are SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.