



# Ulcerative Colitis Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of diagnosis:	
What is the frequency of the flare ups and when did the last occur?	
What was the treatment for the colitis? Was surgery performed?	
Has the applicant ever been hospitalized for his/her colitis?	
Does the ulcerative colitis limit the client's daily activities in any way? Give details.	
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.