

CPS QQ FOR PARALYSIS AND SPINAL CORD INJURY

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, AGE AND CAUSE, OF EACH _____

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. WHAT CAUSED THE PARALYSIS?

TRAUMA – GIVE DETAILS AND DATE OF OCCURRENCE:

SURGERY – GIVE DETAILS INCLUDING REASON FOR SURGERY AND DATE OF OCCURRENCE:

STROKE OR CEREBRAL VASCULAR ACCIDENT

OTHER – PLEASE GIVE DETAILS:

2. PLEASE NOTE CURRENT LEVEL OF FUNCTION:

- INCOMPLETE PARAPLEGIA
- COMPLETE PARAPLEGIA
- INCOMPLETE QUADRIPLEGIA
- COMPLETE QUADRIPLEGIA

3. IF PARALYSIS FROM INJURY OR TRAUMA, AT WHAT SPINAL CORD LEVEL (LIST SPECIFIC VERTEBRAE IF AVAILABLE, C7-8, FOR EXAMPLE):

CERVICAL SPINE _____

THORACIC SPINE _____

LUMBROSACRAL SPINE _____

4. HAVE ANY OF THE FOLLOWING OCCURRED (CHECK ALL THAT APPLY):

- PNEUMONIA
- SKIN ULCERS
- URINARY TRACT INFECTION
- KIDNEY IMPAIRMENT
- DEPRESSION

5. ARE THERE ANY CURRENT SYMPTOMS OR COMPLICATIONS (CHECK ALL THAT APPLY):

- NORMAL BLADDER FUNCTION, OR NEEDS ASSISTANCE
- NORMAL BOWEL FUNCTIONS, OR NEEDS ASSISTANCE
- USES CANE ONLY
- WHEEL CHAIR BOUND
- BED BOUND
- NEEDS ASSISTANCE EATING
- NEEDS ASSISTANCE TO COMMUNICATE

6. IS TREATMENT CURRENTLY PRESCRIBED?

NO YES, DETAILS _____

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):

