



# © QUICK QUOTE FOR SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

INFORMATION GATHERED WILL BE USED IN THE EVALUATION OF THE INSURABILITY OF THE APPLICANT. OFFERS ARE TENTATIVE AND ARE 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 \_\_\_\_\_

AMNT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.: [ ] PERM [ ] TERM YRS. LEVEL \_\_\_\_\_

TOBACCO USE: [ ] NO [ ] YES, DETAIL \_\_\_\_\_ / REPLACEMENT? [ ] YES [ ] NO / CURRENT ANN. PREMIUM \$ \_\_\_\_\_

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

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

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

FOR USE BY CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

1. PLEASE LIST THE DATE OF FIRST DIAGNOSIS \_\_\_\_\_

8. CLIENT'S OCCUPATION \_\_\_\_\_

2. PLEASE NOTE THE TYPE OF LUPUS DIAGNOSED:

9. PLEASE LIST ANY OTHER ILLNESSES OR IMPAIRMENTS; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:

[ ] SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

[ ] DISCOID LUPUS

[ ] DRUG INDUCED LUPUS

\_\_\_\_\_

3. IS THE CLIENT ON ANY MEDICATIONS FOR THIS IMPAIRMENT?

\_\_\_\_\_

[ ] YES [ ] NO IF YES, PLEASE DETAIL TYPE AND DOSAGE \_\_\_\_\_

\_\_\_\_\_

4. IS THE LUPUS IN REMISSION?

\_\_\_\_\_

[ ] YES [ ] NO IF NO, PLEASE LIST DATE OF LAST EXACERBATION \_\_\_\_\_

5. HAS THE CLIENT HAD ANY OF THE FOLLOWING (PLEASE CHECK ALL THAT APPLY):

[ ] LOW BLOOD COUNTS

[ ] LUNG INVOLVEMENT (PLEURITIS)

[ ] PROTEINURIA

[ ] HIGH BLOOD PRESSURE

[ ] NEUROLOGIC DISORDER

[ ] HEART INVOLVEMENT (PERICARDITIS)

[ ] RENAL INSUFFICIENCY OR FAILURE

6. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?

[ ] YES [ ] NO IF YES, PLEASE DETAIL \_\_\_\_\_

\_\_\_\_\_

7. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?

[ ] YES [ ] NO IF YES, PLEASE DETAIL \_\_\_\_\_

\_\_\_\_\_