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\$ SAVING YOU TIME \$

\$ MAKING YOU MONEY \$

- ◆ Obtaining a Preliminary Opinion for **SPECIAL RISK** life insurance.
- ◆ What questions to ask to get the most accurate **UNDERWRITING OPINION**

Contact Jim Moseley
Marketing Manager

877-564-1707

Some types of health conditions that we may be able to help attain would include:

✓ **Cancer**

✓ **Strokes**

✓ **Heart Attacks**

✓ **Coronary Artery Disease**

✓ **Sleep Apnea**

✓ **Diabetes**

✓ **Drug/Alcohol History**

✓ **Hepatitis C**

✓ **Depression**

✓ **Obesity**

✓ **Other tobacco use**

*Call us for a questionnaire on these and other
Special Risks!!*

What do we need to know:

CANCER

Date of Diagnosis

Type of Cancer

Stage/Gleason Score

Type of Treatment
(surgery, radiation, chemo)

Date of Last Treatment

PSA reading (Prostate)

Copy of the pathology report

Types of cancer that can be considered include:

Prostate, colon, skin and lung cancer

**Offers can range from Temporary extra premium
to permanent flat extra premium or Table rated
to Decline**

Strokes

Date (or Dates) stroke(s) occurred

Date of Last Symptoms

Residual Effects (weakness, vision or speech)

Restriction of mobility

Type of medication

Results of carotid Ultrasound

Heart Attack / Coronary Artery Disease

Age at time of event

How much muscle damage

Current symptoms

(chest pain, shortness of breath, fatigue)

What procedure

(bypass surgery, stints)

How many vessels involved

Heart Attack/Coronary Artery Disease continued on next page.

Date of last Stress Test and Doctor visit

(results)

Lifestyle changes

(Cholesterol, blood pressure, smoking, build & exercise)

Sleep Apnea

When Diagnosed

Sleep Study Results (mild, moderate or severe)

Type of Treatment (Surgery, C-Pap, mouthpiece)

If C-Pap, (used every night?)

Diabetes

Age of Diagnosis

Controlled How (Diet, Oral meds or insulin)

Complications

Neuropathy (numbness in extremities)

Vision Problems

Protein in urine (kidney problems)

Diabetes continued on the next page.

Heart trouble

Hemoglobin A1c or Blood sugar readings (when)

Drug/Alcohol

Type of drugs or alcohol

Frequency and quantity

Usage changed in last 5 years

Treatment

Inpatient/outpatient

Voluntary

How many times

Marital status, occupation and length of employment

Obesity

Current Build

Change in past 12 months

Parents build and ages

Hepatitis C

When Diagnosed

How contracted (IV drugs, blood transfusion)

What tests completed

Liver Biopsy

**(inflammation, fibrosis or cirrhosis,
pathology report)**

Treatment

Interferon, rebetron, peg-interferon

When completed

Successful?

Depression

When Diagnosed

Chronic or Situational

Medications/Treatments

Hospitalization

Suicide Attempts/Disability

Other Tobacco

Type of Tobacco

Cigarette, cigar, pipe, chew or nicotine products

Past Tobacco Use

Cigars (not more than 12/year)

Lifestyle Credits

Defines Exercise Program

Treadmill

Dietary Improvements

Good Family History

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Special Risks!!***