United Underwriters Inc.

# Sarcoidosis Questionnaire

Agent Name: _____ Phone #:_____ E-mail:_____

Client Name: _____ Date of Birth: _____ Sex: Male / Female

Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____

Type of Insurance: ___ Universal Life ___ Whole Life ___ Survivorship ___ Term (# of years _____)

---

1. When was the proposed insured first diagnosed? _____

2. What stage of sarcoidosis has been diagnosed? ___ Stage 1 ___ Stage 2 ___ Stage 3

3. Does the proposed insured suffer from any of the following symptoms? (Check all that apply.)

| | | | |
|---|---|---|---|
| ___ Fatigue | ___ Loss of appetite or weight | ___ Fever | ___ Night Sweats |
| ___ Skin rash | ___ Enlarged lymph nodes | ___ Blurred vision | ___ Coughing |
| ___ Chest pain | ___ Joint stiffness or swelling | ___ Wheezing | ___ Irregular heartbeat |

4. What organ systems are involved?

| | | | | |
|---|---|---|---|---|
| ___ Lungs | ___ Eyes | ___ Skin | ___ Lymph Nodes | ___ Liver |
| ___ Blood | ___ Kidneys/Urinary Tract | ___ Heart | ___ Musculoskeletal | ___ Nervous System |

5. Has the proposed insured received any of the following treatments?

___ Prednisone Date: _____
___ Plaquenil Date: _____
___ Methotrexate Date: _____
___ Imuran Date: _____
___ Cytoxan Date: _____
___ Other: _____

6. Is the proposed insured currently taking any medication(s)? ___ Yes ___ No
If yes, provide name, dosage and frequency of medication(s) _____
_____

**FAX or E-MAIL to Jeff at 603-778-7918 / jphilibotte@uuinc.com**