



Cushing's Disease Questionnaire

Agent Name: _____ Phone #: (____) _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. When was the proposed insured first diagnosed with Cushing's Disease? _____

2. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

- Upper body obesity Rounded face Increased fat around the neck
- Thinning arms/legs Fragile/thin skin Bruises easily
- Other: _____

3. Has the proposed insured ever had a rib and/or spinal column fracture? Yes No
If yes, provide details: _____

4. What treatments has the proposed insured received for this condition?

Surgery Details: _____

Medication Details: _____

Other: _____ Details: _____

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

FAX or E-MAIL to Donna Winterstine at 301-355-0429 / dwinterstine@bsibroker.com