NAILBA
NAILBA University

DOWN SYNDROME / RETARDATION

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. What is applicant's IQ? _____

2. Is applicant self-supporting? ☐ No ☐ Yes; please give details

_____

_____

3. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

DOWN SYNDROME

1. What is applicant's social and economic situation?

_____

_____

2. Are there any cardiovascular or pulmonary problems? ☐ No ☐ Yes; please give details

_____

_____

RETARDATION

1. At what age did applicant become mentally retarded? _____

2. Is the retardation chromosomal? ☐ No ☐ Yes; PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE

_____

_____

_____

_____

