



# DOWN SYNDROME / INTELLECTUAL DISABILITY

**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

## INTELLECTUAL DISABILITY

1. At what age did applicant become diagnosed? \_\_\_\_\_

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