

Underwriting Prescreening Form

Name	Age	Gender	Height	Weight	Smoker Y/N	Diagnosis / Condition Include Dates	Medications

Additional Remarks:

Disclaimer: Information contained in this form is for pre-screening purposes only. Any information provided by the Individual Medical Underwriting Department, in response to the above data, is not a guarantee of coverage. A formal offer of coverage may only be extended after submission of a completed application and full medical underwriting review.

Underwriting Response (see disclaimer):

Note: The agent should provide complete details for the applicant's medical history and send form, via email, to Gisele Braithwaite.

gisele.braithwaite@avmed.org

Upon submission of this application to the Underwriting Department, a note should be inserted in the message/notes section of the application advising that this form was completed and previously sent to Underwriting. The completed form should be emailed to individualsales@avmed.org, which will then be attached to the file by the Underwriting Department.