

July 27, 2004

Trustmark Insurance Company Medical Questionnaire
PO Box 7930, Lake Forest, IL. 60045
Phone (800) 229-4543 Fax (847) 615-4954

Accident Questionnaire

Proposed Insured:

Birthdate:

Address:

Employee:

Employer:

Phone Number

Cert.#:

Work Phone:

1. Name, address and phone number of your doctor: _____

2. Date last seen prior to application sign date: _____
3. Current height and weight: _____
4. List all medications you are currently taking: _____

5. List all conditions for which you are currently seeing a doctor: _____

6. What are the exact details surrounding your accident, please give complete details (when, how and where)? _____

7. Were you hospitalized? _____ From _____ To _____
8. Were surgical procedures performed? _____ If yes, please give details: _____

9. Are there any prolonged complications? _____

10. Are you fully recovered? If no, give details: _____

Signature of Proposed Insured

Date

Due date: