

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

Cholesterol Questionnaire

Proposed Insured:

Address:

Home Phone:

Work Phone:

Birthdate:

Employee:

Employer:

Cert.#:

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

2. Date last seen prior to application sign date of _____:

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 type of treatment have you received for your condition? _____

7. What are your latest cholesterol readings? _____

8. What is your date of onset for your elevated cholesterol? _____

9. Have you had any complications? _____

Signature of Proposed Insured

Date