

Trustmark Insurance Company Medical Questionnaire
PO Box 7930, Lake Forest, IL. 60045
Phone (800) 229-4543 x3413 Fax (847) 615-4954

MEDICAL 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 : _____

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 is the cause and exact diagnosis of your condition? _____

7. What kind of treatment are your currently receiving ? _____

8. Have you had any complications? _____

Signature of Proposed Insured

Date