

July 26, 2004

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

ULCER QUESTIONNAIRE

Proposed Insured:

Birthdate:

Address:

Employee:

Home Phone:

Employer:

Work Phone:

Cert.#:

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

2. Date last seen prior to application signed 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 of your condition? _____

7. Have you had any complications? _____

8. How severe is your condition? _____

9. What type of ulcer were you diagnosed with? _____

10. Have you had, or will you need to have any surgery? If yes, when? _____

Signature of Proposed Insured

Date

Due date: