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# Underwriting interview process: How to prepare for your medical history interview

Thank you for considering the Nationwide Intelligent Underwriting Process for your life insurance coverage needs. Now that you've met with your life insurance professional, an interviewer, assigned to your application, will contact you. This interviewer will gather information about your personal and medical history, which will be recorded and used to help complete your application.

This worksheet will help you prepare for this interview. Filling it out ahead of time is optional, but it will better prepare you to quickly share your information during the interview.

## Helpful tips about what to expect:

- The phone interview usually takes about 30 minutes, but it can run shorter or longer, depending on your specific history
- You may want to choose somewhere private to complete the interview because of the personal nature of the information being discussed
- The interviewer will ask you very specific questions, especially about your personal, medical and prescription history, including details about your sporting activities, travels, citizenship/immigration status, Social Security number verification and social history (alcohol/tobacco use)
- Nationwide<sup>®</sup> will verify your prescription information, so please be sure to supply the most accurate information available
- Once the phone interview is completed, you'll be asked to give a voice signature to confirm the accuracy of all the information you've provided

## Social Security number

## Driver's license number

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## Personal physician(s) details

Name & specialty	Address	Phone number
Date of last visit	Treatment received/recommended	

## Medications

Please provide all the prescriptions that you currently take, as well as those you've been prescribed, have taken or been given in the past 5 years.

Medication name	Dosage	When started	Currently taking	Reason for taking	Physician
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Do you participate in any of the following activities?

Please provide details of potentially hazardous activities for discussion (e.g. scuba diving, flying as a pilot, organized racing in any type of motor vehicle, mountain climbing, or any sky sports), including your skill level, type of licenses or certificates, and details concerning any club, group and/or membership affiliation.


## Social history

Alcohol consumption or use, in some cases, may be inquired about during an interview.

In the past 5 years, have you used tobacco, nicotine or marijuana in any form?

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date tobacco or nicotine product was last used: ____/____/____ (mm/dd/yyyy)
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If "yes", please specify the type:

<input type="checkbox"/> Cigars <input type="checkbox"/> Cigarettes <input type="checkbox"/> Chewing tobacco/snuff <input type="checkbox"/> eCigs/vapor <input type="checkbox"/> Hookah <input type="checkbox"/> Marijuana <input type="checkbox"/> Nicotine products: gum/patch <input type="checkbox"/> Pipe <input type="checkbox"/> Other tobacco
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## Medical history

Please list all medical conditions (within the past 10 years and current) for which you've been diagnosed. The interviewer may have additional questions based on the information provided.

Condition	Date of diagnosis	Symptoms	Tests done — including results	Type and date of treatment	Name, address and phone number of the physician, hospital and/or treatment facility

If you have or have had any of the following conditions, please provide the following information to the best of your ability:

<b>High blood pressure</b>	<p>When were you diagnosed? (ex. 1-2 years ago) _____</p> <p>What is your average reading? _____</p> <p>What medications do you take? (list medications with dosage and start/stop dates):</p> <p>_____</p> <p>_____</p> <p>Your treating physician's name, address and specialty: _____</p> <p>_____</p>
<b>High cholesterol</b>	<p>When were you diagnosed? (ex. 1-2 years ago) _____</p> <p>What is your most recent total cholesterol level? _____</p> <p>What medications do you take? (list medications with dosage and start/stop dates):</p> <p>_____</p> <p>_____</p> <p>Your treating physician's name, address and specialty: _____</p> <p>_____</p>

## Medical history (continued)

<b>Asthma</b>	<p>What are your known triggers for symptoms or attacks?: <input type="checkbox"/> Seasonal changes <input type="checkbox"/> Allergies <input type="checkbox"/> Exercise</p> <p><input type="checkbox"/> Occupational hazards <input type="checkbox"/> Other _____</p> <p>_____</p> <p>What medications do you take? (list medications with dosage and start/stop dates):</p> <p>_____</p> <p>_____</p> <p>How many days of work/school have you missed in the past 12 months _____</p> <p>Do you still experience symptoms? If yes, how frequently (ex. daily, weekly or monthly) _____</p> <p>Your treating physician's name, address and specialty: _____</p> <p>_____</p>
<b>Mental health</b>	<p>Check all diagnoses that apply: <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> ADHD <input type="checkbox"/> Bipolar</p> <p><input type="checkbox"/> Other(s) _____</p> <p>When were you diagnosed? (ex. 1-2 years ago) _____</p> <p>Have you received any treatment for this condition such as hospitalization, counseling, or any other type of therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide date ____ / ____ / ____ (mm/dd/yyyy)</p> <p>What medications do you take? (list medications with dosage and start/stop dates):</p> <p>_____</p> <p>_____</p> <p>Your treating physician's name, address and specialty: _____</p> <p>_____</p>

## Application history

Please list any application for life insurance (including reinstatements) that have been declined, postponed, rated, or limited in coverage.

Product type	Application date	Outcome	Reason for outcome	Company







## You're all set

Now that you know what information is needed, you're ready for your interview. Thank you, again, for considering the Nationwide Intelligent Underwriting Process.



**If you have any additional questions about our products or the interview, please feel free to contact your insurance professional.**

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The insurance professional or company may contact you in response to your request for additional information.

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LAM-2824AO (09/17)