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Nationwide® Intelligent Underwriting

How to prepare for your health assessment

Thank you for considering the Nationwide® Intelligent Underwriting process for your life insurance coverage needs. In order to complete your application, Nationwide will gather information about your personal and medical history via a phone interview or an online health assessment.

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

Helpful tips about what to expect:

- For those completing the **phone interview**, it usually takes about 25 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.
- For those completing the **online health assessment**, you'll be emailed a secure link that is mobile friendly. The link will be valid for 10 days, and you'll receive reminder emails until the assessment is completed. If you need help, phone support is available.
- During the assessment, you'll be asked 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 will verify your prescription information, so please be sure to supply the most accurate details available.
- Once the assessment is completed, you'll be asked to give a voice signature for phone interviews or to eSign via DocuSign for the online health assessment to confirm the accuracy of all the information you've provided.

Social Security number

Driver's license number

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Personal physician details

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

Medications

Please provide the names of 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		

Potentially hazardous 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?

Yes No

If yes, date tobacco or nicotine product was last used: ____/____/____ (mm/dd/yyyy)

If "yes", please specify the type:

Cigars Cigarettes Chewing tobacco/snuff eCigs/vapor Hookah Marijuana
 Nicotine products: gum/patch Pipe Other tobacco

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:

High blood pressure	<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>
High cholesterol	<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)

Asthma	<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>
Mental health	<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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Nationwide Intelligent Underwriting is subject to state and firm approvals.

Products are issued by Nationwide Life Insurance Company or Nationwide Life and Annuity Insurance Company, Columbus, Ohio.

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