



# WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

A Legal & General America Company  
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## Quick Quote for Hepatitis

GA/Broker: \_\_\_\_\_

GA Case #: \_\_\_\_\_  
(Assigned by GA)

Proposed Insured: ☐ Male ☐ Female Date of Birth \_\_\_\_\_

Family History:	Age if Living	Age at Death	Cause of Death
Mother	_____	_____	_____
Father	_____	_____	_____
Siblings	_____	_____	_____

Date of diagnosis: \_\_\_\_\_

Source of infection: \_\_\_\_\_

Hepatitis: Type ☐ B ☐ C (non-A/non-B) ☐ Other \_\_\_\_\_

Date and results of most recent liver enzyme tests:

ALT/SGPT: Date: \_\_\_\_\_ Results: \_\_\_\_\_

Bilirubin: Date: \_\_\_\_\_ Results: \_\_\_\_\_

List current medications:

\_\_\_\_\_  
\_\_\_\_\_

What has client's treatment been?

If treated - results: \_\_\_\_\_

Does client currently use alcohol? ..... ☐ Yes ☐ No

If yes, amount and frequency: \_\_\_\_\_

Has client had a liver biopsy? ..... ☐ Yes ☐ No

If yes, date and results: \_\_\_\_\_

Has client been diagnosed with cirrhosis or other complications? ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Does client have any other health problems? ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

RETURN TO YOUR GENERAL AGENCY FOR PROCESSING