
THE PRE-EXISTING CONDITIONS INSURANCE PREPARATION WORKBOOK

Build Your Underwriting Profile Before You Apply
Organize Your Medical History, Compare Carriers,
and Navigate the System Strategically

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How to Use This Workbook

This workbook exists for one reason: to help you walk into a life insurance application with your case organized the way underwriters actually evaluate it. The difference between someone who applies with scattered information and someone who presents a clean, complete health profile is often the difference between a substandard rating and a standard one.

Each section builds on the one before it. Start with your medical profile, then work through the condition documentation and medication timeline. By the time you reach the carrier comparison tracker and informal inquiry template, you will have everything a broker needs to shop your case effectively across multiple carriers without filing formal applications that could complicate your record.

This is a working document. Fill it out, bring it to broker conversations, and update it as your health profile changes. If you apply and receive a rating you think is too high, use the re-rating section to track when to request a re-evaluation.

What You Will Need

- ☐ Most recent lab results or bloodwork (within the last 12 months)
- ☐ Current prescription list with dosages and prescribing physician
- ☐ Treatment timeline (diagnosis dates, surgeries, hospitalizations, start dates for current medications)
- ☐ Contact information for your primary care physician and any specialists
- ☐ Any prior life insurance applications or correspondence (approvals, declines, or rated offers)

A Note on Honesty

Every field in this workbook should be filled out truthfully. Life insurance carriers access prescription databases, medical records, and the Medical Information Bureau (MIB). Omitting a condition or medication from your application does not hide it. It flags it. Undisclosed information discovered during underwriting is treated far more harshly than an honest disclosure upfront. Transparency is both the ethical and the strategic choice.

Section 1: Your Medical Profile Summary

Complete each field. This is the core information every underwriter evaluates. Having it organized before you speak with a broker saves time and signals that you are a serious, prepared applicant.

Personal Information

Full Legal Name	
Date of Birth	
Age	
Gender	
Height / Weight	
Smoking Status	
State of Residence	
Occupation	

Primary Health Conditions

List every diagnosed condition, even those you consider minor. Underwriters review prescription databases and will see medications for conditions you do not disclose. List the most significant condition first.

Condition	Date Diagnosed	Current Status	Treating Physician

Surgical and Hospitalization History

Include all surgeries and hospital admissions within the past 10 years, including those unrelated to your primary condition. Emergency room visits that resulted in admission should also be listed.

Date	Procedure or Reason	Hospital/Facility	Outcome

Section 2: Current Medications and Treatment Timeline

Carriers access prescription history databases. Every current medication must be listed. Include the reason for each medication, as underwriters evaluate the condition being treated, not just the drug name.

Current Medications

Medication	Dosage	Prescribed For	Prescribing Doctor	Start Date

Discontinued Medications (Past 5 Years)

Medications you have stopped taking may still appear in prescription databases. Listing them proactively, with the reason for discontinuation, prevents underwriter questions that could delay your application.

Medication	Dates Used	Prescribed For	Reason Stopped	Replaced By

Physician Contact Information

Underwriters may request Attending Physician Statements (APS) directly from your doctors. Having this information ready prevents processing delays.

Physician Name	Specialty	Phone / Fax	Last Visit Date

Section 3: Condition-Specific Documentation Checklist

Check the category that applies to your primary condition. Gather the listed documentation before contacting a broker. The more complete your file, the faster and more favorable your underwriting outcome.

Cardiovascular (DVT, Heart Disease, Hypertension, Post-Heart Attack)

- ☐ Most recent EKG or echocardiogram results
- ☐ Blood pressure log (past 3-6 months if self-monitoring)
- ☐ Cardiac catheterization or stress test results (if applicable)
- ☐ Anticoagulant therapy details: medication, dosage, INR results
- ☐ Documentation of whether clotting event was provoked or unprovoked
- ☐ Cardiologist follow-up notes (most recent visit)
- ☐ Exercise tolerance and current activity level documentation

Metabolic (Type 1 Diabetes, Type 2 Diabetes, High Cholesterol)

- ☐ Most recent A1C result and date
- ☐ A1C history (past 2-3 years if available)
- ☐ Fasting glucose levels
- ☐ Lipid panel results (total cholesterol, LDL, HDL, triglycerides)
- ☐ Documentation of any complications (neuropathy, retinopathy, nephropathy)
- ☐ Endocrinologist follow-up notes (if applicable)
- ☐ Weight management documentation (BMI trend if relevant)

Cancer History

- ☐ Pathology report (type, stage, grade at diagnosis)
- ☐ Treatment summary (surgery, chemotherapy, radiation, immunotherapy)

- ☐ Date of last treatment
- ☐ Most recent oncology follow-up notes
- ☐ Imaging results (CT, MRI, PET) from most recent surveillance
- ☐ Confirmation of remission status and date remission was declared
- ☐ Any ongoing maintenance therapy (hormonal therapy, monitoring protocols)

Mental Health (Depression, Anxiety, Bipolar, PTSD)

- ☐ Current treatment plan (therapy type and frequency, medications)
- ☐ Duration on current medication regimen
- ☐ Documentation of any hospitalizations or emergency interventions
- ☐ Psychiatrist or therapist notes confirming stability
- ☐ Employment and functional status documentation
- ☐ History of medication changes (frequency and reasons)

Autoimmune and Chronic (MS, Lupus, RA, Crohn's)

- ☐ Most recent specialist visit notes (rheumatologist, neurologist, gastroenterologist)
- ☐ Current disease activity status (remission, mild, moderate, severe)
- ☐ Frequency and severity of recent flares
- ☐ Current treatment regimen (biologics, DMARDs, corticosteroids)
- ☐ Lab results: inflammatory markers (CRP, ESR), organ function panels
- ☐ Hospitalization history related to the condition
- ☐ Functional capacity and daily activity level

Section 4: The Informal Inquiry Request

An informal inquiry lets your broker submit your health profile to multiple carriers for preliminary review without filing a formal application. No MIB reporting, no trail of formal declines. This is the single most important tactical move available to anyone applying with a pre-existing condition.

Use the language below when contacting a broker. Adapt the details to your situation, but the structure ensures you communicate the right information in the right way.

Template: What to Say to Your Broker

I have a pre-existing condition and I am looking for life insurance coverage. Before submitting any formal applications, I would like you to run informal inquiries with multiple carriers to determine which companies are most likely to offer favorable underwriting for my specific health profile.

I have prepared a complete medical summary including my diagnosis, treatment timeline, current medications, and recent lab results. I can provide this documentation for you to submit to underwriters for preliminary review.

I want to be clear: I do not want a formal application submitted to any carrier until we have reviewed the informal inquiry responses together and identified the best option. I understand that formal applications are reported to the MIB, and I want to avoid unnecessary inquiry activity on my record.

Can you confirm that you work with multiple carriers and have the ability to submit informal inquiries on my behalf? How many carriers do you typically submit to for cases involving [your condition]?

Red Flags: When to Find a Different Broker

- ☐ Pushes you to complete a formal application immediately without discussing informal inquiries
- ☐ Represents only one carrier (captive agent) and cannot shop your case broadly
- ☐ Cannot explain what the MIB is or why formal declines matter
- ☐ Dismisses your condition as irrelevant without asking detailed health questions

- ☐ Suggests omitting or minimizing health information on your application
- ☐ Cannot name specific carriers that tend to be favorable for your condition type

Section 5: Carrier Comparison Tracker

Use this table to record responses from informal inquiries or formal quotes. The same health profile can receive dramatically different ratings from different carriers. Recording every response side by side makes the right choice clear.

	Carrier 1	Carrier 2	Carrier 3	Carrier 4
Carrier Name				
Policy Type				
Risk Classification				
Table Rating (if any)				
Coverage Amount				
Monthly Premium				
Annual Premium				
20-Year Total Cost				
Medical Exam Required?				
Exclusions or Riders				
Waiting Periods				
Re-Rating Option?				
Broker Notes				

How to Read This Table

Compare the 20-Year Total Cost column first. That is the real number. A \$15 monthly difference between two carriers is \$3,600 over a 20-year term. A two-tier rating difference (Standard versus Table 4) can mean \$8,000 or more over the life of the policy for the same coverage.

If one carrier offers a re-rating option and another does not, that may be worth a slightly higher initial premium. Re-rating allows you to request a risk class re-evaluation as your health stabilizes, potentially lowering your premium without reapplying.

Section 6: Application Timing Worksheet

Applying too early after a health event costs thousands in higher premiums or results in avoidable declines. Use this worksheet to map your personal timeline against the windows where carriers are most likely to offer favorable rates.

Your Diagnosis Timeline

Primary condition diagnosed	
Most recent treatment or procedure	
Date treatment ended (if applicable)	
Date remission declared (if applicable)	
Date current medication regimen started	
Last hospitalization or ER visit	
Most recent lab work or follow-up	

Key Underwriting Windows

Window	What Opens	Your Target Date
6 Months	Minimum waiting period after acute events (DVT, heart attack, surgery, new diagnosis)	
1 Year	Standard-adjacent rates possible for stabilized single-event conditions	
2 Years	Cancer remission consideration begins; guaranteed issue graded benefits expire; mental health stability threshold	
5 Years	Cancer survivors often eligible for Standard or Preferred; multiple-event cardiovascular histories significantly improve	

Re-Rating Tracker

If you accepted a policy at a higher-than-ideal rating because you needed coverage immediately, track when to request a risk class re-evaluation. Many carriers allow this 1-2 years after issue if your health has improved.

Current carrier and policy number	
Current risk classification	
Date policy was issued	
Earliest re-rating eligibility date	
Health improvement since issue date	
New lab work or documentation gathered	
Date re-rating request submitted	
Outcome	

Section 7: Pre-Application Final Checklist

Complete this checklist before authorizing any formal application. Every item directly affects your underwriting outcome.

Documentation Ready

- ☐ Medical profile summary completed (Section 1)
- ☐ All current medications listed with dosages and prescribing physicians (Section 2)
- ☐ Condition-specific documentation gathered (Section 3)
- ☐ Physician contact information current and complete (Section 2)
- ☐ Prior insurance application history documented (approvals, declines, rated offers)

Broker and Carrier Strategy

- ☐ Independent broker identified (not a captive agent for a single carrier)
- ☐ Informal inquiry process discussed and confirmed with broker
- ☐ Informal inquiries submitted to at least 3 carriers
- ☐ Informal inquiry responses recorded in carrier comparison tracker (Section 5)
- ☐ Best carrier identified based on risk classification and total cost

Timing Confirmed

- ☐ At least 6 months since last acute health event
- ☐ Application timing worksheet completed (Section 6)
- ☐ Current within the most favorable underwriting window for your condition
- ☐ Recent lab work available (within 6-12 months)

Application Readiness

- ☐ All health conditions will be disclosed fully and accurately

- ☐ No planned surgeries, procedures, or medication changes in the next 30 days
- ☐ Coverage amount and term length determined
- ☐ Beneficiary designation decided
- ☐ Understood that formal application will be reported to the MIB

Your condition is not your classification.

How you navigate the system determines what you pay far more than what is on your medical record. This workbook gives you the structure to navigate it well.