HEART DISEASE—PERICARDITIS QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details:_____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date of diagnosis: _____

(2) Have you been diagnosed or have you experienced any of the following:

- ❒ Light headedness ❒ Breathlessness ❒ Blackouts
- ❒ Elevated Cholesterol - most recent known levels: Date: _____ LDL _____ HDL _____ Triglycerides _____
- ❒ High blood pressure - most recent reading(s): _____
- ❒ Diabetes - age of onset: _____ Recent A1C test result: _____ (also, please ask us for our Diabetes Questionnaire)
- ❒ Tumor - benign. If yes, type and date treated: _____
- ❒ Cancer. If yes, type and date(s) treated: _____
- ❒ Heart attack. If yes, date: _____
- ❒ Family history of heart disease. If yes, who and at what age(s) diagnosed: _____
- ❒ Other: _____

(3) Provide dates if any of the following tests or procedures have been done?

- ❒ Resting EKG: _____ ❒ Stress EKG: _____
- ❒ Thallium Stress EKG: _____ ❒ Echocardiogram: _____
- ❒ Coronary Catheterization: _____ ❒ Stress Echocardiogram: _____
- ❒ Valve replacement surgery - which valves? _____
- ❒ Angioplasty - what specific type? (e.g. balloon...) _____
- ❒ Bypass Surgery: _____ Number of vessels involved: _____
- ❒ Other: _____

(4) Does the proposed insured take any current medications, including aspirin? ❒ No ❒ Yes Details:

Name of Medication (Prescription or Otherwise)	Dates Used	Quantity Taken	Frequency Taken

(5) Does the proposed insured follow a specific diet (e.g. vegetarian) or take dietary supplements (vitamins, folic acid, etc.)?

❒ No ❒ Yes Details: _____

(6) Does the proposed insured engage in any regular exercise or sporting activity?

❒ No ❒ Yes Details: _____

(7) Are there any other conditions that may impact life underwriting? If yes, please describe: _____

_____