HEART DISEASE—HEART ATTACK 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(s) of heart attack(s): ____

(2) Has the proposed insured ever had any of the following?

- ❒ Resting EKG Date(s): ________________________
- ❒ Thallium EKG Date(s): ________________________
- ❒ Coronary Catheterization Date(s) ___________________
- ❒ Heart Failure Date(s): __________________________
- ❒ Bypass Surgery Date(s): _______________________
- ❒ Stress EKG Date(s): _________________________________
- ❒ Echocardiogram Date(s): ______________________________
- ❒ Coronary Angioplasty Date(s): ________________________
- ❒ Arrhythmias Date(s): ________________________________
- Number of vessels involved: ______________________________

(3) Please check if the proposed insured as been diagnosed with the following conditions:

- ❒ Elevated Cholesterol - most recent known level: ____
- ❒ Uncontrolled high blood pressure - most recent reading: ____
- ❒ Overweight - current height and weight: ____
- ❒ Diabetes - age of onset: ___________ Recent A1C test result: _______ (please ask us for our Diabetes Questionnaire)
- ❒ Family history of heart disease. If yes, who and at what age(s) diagnosed: ____
- ❒ Other: ____

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

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

(5) Does the proposed insured take any dietary supplements (vitamins, minerals, folic acid, etc.)?

❒ No ❒ Yes Details:____

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

❒ No ❒ Yes Details: ____

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

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