SLEEP APNEA 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) Please provide date of diagnosis: ____

(2) Has the Sleep Apnea been diagnosed as:

❒ Obstructive ❒ Central ❒ Mixed ❒ Unknown

(3) Has the severity of the Sleep Apnea been:

❒ Stable ❒ Increasing ❒ Decreasing ❒ Fluctuating up and down ❒ Unknown

(4) Has an overnight sleep study (Polysomnogram) been done?

❒ No ❒ Yes, date:________ What was the Sleep Apnea Index: _______ What was the oxygen saturation? _______%

(5) How is the Sleep Apnea being treated?

❒ No treatment ❒ Medicated ❒ Weight Loss ❒ CPAP Mask
❒ Surgery (UPPP) ❒ Surgery (tracheotomy) ❒ Other:_____________

(6) Does the proposed insured have any of the following? If yes, provide details under item (9) below:

❒ Overweight ❒ Arrhythmia ❒ Coronary Artery Disease
❒ Stroke ❒ Depression ❒ Lung Disease
❒ Other: ____

(7) Does the proposed insured use any alcohol? If yes, please describe usage: ____

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(8) Does the proposed insured use any medications for any reason?

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

(9) Please advise of any additional information that may help us determine a likely rating:

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