

HEART DISEASE—BUNDLE BRANCH BLOCK 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 first diagnosis:* _____

(2) *Has the proposed insured been diagnosed with:*

- Incomplete right bundle branch block (IRBBB) Complete right bundle branch block (CRBBB)
- Left anterior hemiblock (LAHB) Left posterior hemiblock (LPHB)
- Complete left bundle branch block (CLBBB) Complete right bundle branch block, left hemiblock (Bifascicular block)
- Other: _____

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

- Resting EKG: _____ Stress EKG: _____
- Thallium Stress EKG: _____ Stress Echocardiogram: _____
- Coronary Catheterization: _____ Other: _____

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

- Coronary artery/heart disease
- Cardiomyopathy
- Heart valve disease/disorder
- Elevated Cholesterol - most recent known level: _____
- High blood pressure - most recent reading: _____
- Diabetes - age of onset: _____ Recent A1C test result: _____ (please ask for our Diabetes Questionnaire)
- Family history of heart disease. If yes, who and at what age(s) diagnosed: _____
- Other: _____

(5) *Does the proposed insured take any current medications (include preventative aspirin)?* No Yes Details: _____

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

(6) *Was an artificial pacemaker installed? If yes, when:* _____

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