PACEMAKER 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 pacemaker implant: _____

(2) What is the reason for the pacemaker implant? _____

_____

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

❒ Resting EKG: _____ ❒ Stress EKG: _____
❒ Thallium Stress EKG: _____ ❒ Echocardiogram: _____
❒ Holter Monitor: _____ ❒ Chest X-ray: _____
❒ Other: _____

(4) Has the proposed insured been diagnosed as having any of the following:

❒ Bradycardia
❒ Paroxysmal atrial fibrillation
❒ Chronic atrial fibrillation
❒ Sick sinus syndrome
❒ Atrial flutter
❒ Other: _____
❒ Cardiomyopathy
❒ Congenital heart block *without* other heart disorder
❒ Congenital heart block *with* other heart disorder
❒ Heart block associated with coronary artery disease
❒ Heart block ❒ First Degree ❒ Second Degree ❒ Third Degree

(5) Are there any current symptoms of any heart disease? If yes, check all that apply:

❒ Dizziness or light headedness
❒ Chest pain
❒ Other: _____
❒ Black outs
❒ Palpitations

(6) Does the proposed insured take any current medications? ❒ No ❒ Yes Details:

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

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

_____

_____

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