

Agent: _____ **Phone:** _____ **Fax:** _____

Proposed Insured Name: _____ (M or F): _____ Age: _____

Face Amount: _____ Max Premium \$: _____ /year Type: (UL, WL, Term, or Survivorship) _____

Do you currently smoke cigarettes? (Y or N): _____ If no, did you ever smoke: (Y or N): _____ Quit date: _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...):

If Yes, please provide details: _____

When did you last use any form of tobacco: (Month) _____ (Year) _____ Type used last: _____

Date of pacemaker implant: _____ What is the reason for the pacemaker implant? _____

Please provide **dates** if any of the following tests or procedures have been done:

Resting EKG: _____ Thallium Stress EKG: _____ Holter Monitor: _____ Stress EKG: _____ Echocardiogram: _____

Chest X-ray: _____ Other: _____

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

Bradycardia _____ Paroxysmal atrial fibrillation _____ Chronic atrial fibrillation _____ Sick sinus syndrome _____

Congenital heart block WITHOUT other heart disorder _____ Congenital heart block WITH other heart disorder _____

Heart block due to coronary artery disease _____ Heart block 1 degree _____ 2 degree _____ 3 degree _____

Other: _____

Are there any current symptoms of any heart disease? Y or leave blank...

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

Does the proposed insured take any current medications?

Name of Medication (Prescribed or OTC)	Dates Used	Quantity Taken	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any other conditions that may impact life underwriting? **If yes, please describe**
