

CLIENT NAME: _____ **Date:** _____
 Male Female Date of birth: _____ Height: _____' _____" Weight: _____
Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____
Type of Coverage: Term UL Survivor **Type of Coverage:** Term UL Survivor
Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death.

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

- Date first diagnosed: _____
- Is the irregular heartbeat due to (check all that apply):
 - Premature supraventricular atrial beats (PACs)
 - Premature ventricular beats (PVCs)
 - Multifocal
 - Bigeminy or trigeminy
 - Ventricular tachycardia
- Are there any symptoms with the irregular heartbeat?
 - Black-out Dizziness (lightheadedness)/faint feeling Palpitations Chest discomfort
- Have any of the following tests been done? (If so, please give date and results)
 - ECG Date: _____
 - Stress Date: _____
 - Echocardiogram Date: _____
 - Holter monitor Date: _____

5. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

6. Does client have any other major health issues? (additional questionnaires may be required) No Yes; please give details

