

## 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:* \_\_\_\_\_

\_\_\_\_\_

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