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,(537,390),(812,411) 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:

<table>
<thead>
<tr>
<th>Name of Medication (Prescription or Otherwise)</th>
<th>Dates Used</th>
<th>Quantity Taken</th>
<th>Frequency Taken</th>
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(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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