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: _____
Height: ____ft. ____in. Weight: ____lbs.

(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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