HEART DISEASE TREATMENT—PACEMAKER 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 pacemaker implant: ______________________________

(2) What is the reason for the pacemaker implant? ______________________________

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(3) Provide dates if any of the following tests or procedures have been done:

- ❒ Resting EKG: ______________
- ❒ Thallium Stress EKG: ______________
- ❒ Holter Monitor: ______________
- ❒ Other: ______________
- ❒ Stress EKG: ______________
- ❒ Echocardiogram: ______________
- ❒ Chest X-ray: ______________

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

- ❒ Bradycardia
- ❒ Paroxysmal atrial fibrillation
- ❒ Chronic atrial fibrillation
- ❒ Sick sinus syndrome
- ❒ Atrial flutter
- ❒ Cardiomyopathy
- ❒ Congenital heart block *without* other heart disorder
- ❒ Congenital heart block *with* other heart disorder
- ❒ Heart block associated with coronary artery disease
- ❒ Heart block ❒ First Degree ❒ Second Degree ❒ Third Degree
- ❒ Other: ______________

(5) Are there any current symptoms of any heart disease? If yes, check all that apply:

- ❒ Dizziness or light headedness
- ❒ Chest pain
- ❒ Black outs
- ❒ Palpitations
- ❒ Other: ______________

(6) Does the proposed insured take any current medications? ❒ No ❒ Yes Details:

Name of Medication (Prescription or Otherwise)	Dates Used	Quantity Taken	Frequency Taken

(7) Are there any other conditions that may impact life underwriting? If yes, please describe: ______________

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