ELITE MARKETING GROUP
An insurance Designers member since 1986

HEART DISEASE — HEART ATTACK 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. nicotine patch, cigars, pipe, snuff, 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(s) of heart attack(s): _____

(2) Has the proposed insured ever had any of the following?

- ☐ Resting EKG Date(s): _____
- ☐ Stress EKG Date(s): _____
- ☐ Thallium EKG Date(s): _____
- ☐ Echocardiogram Date(s): _____
- ☐ Coronary Catheterization Date(s): _____
- ☐ Coronary Angioplasty Date(s): _____
- ☐ Heart Failure Date(s): _____
- ☐ Arrhythmias Date(s): _____
- ☐ Bypass Surgery Date(s): _____ Number of vessels involved: _____

(3) Please check if the proposed insured as been diagnosed with the following conditions:

- ☐ Elevated Cholesterol - most recent known level: _____
- ☐ Uncontrolled high blood pressure - most recent reading: _____
- ☐ Overweight - current height and weight: _____
- ☐ Diabetes - age of onset: _____ Recent A1C test result: _____ (please ask us for our Diabetes Questionnaire)
- ☐ Family history of heart disease. If yes, who and at what age(s) diagnosed: _____
- ☐ Other: _____

(4) Does the proposed insured take any current medications, including preventative aspirin? ☐ No ☐ Yes Details:

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

(5) Does the proposed insured take any dietary supplements (vitamins, minerals, folic acid, etc.)?

☐ No ☐ Yes Details: _____

(6) Does the proposed insured engage in any regular exercise?

☐ No ☐ Yes Details: _____

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

_____

_____

_____