



**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. 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 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: _____

