



An insurance Designers member since 1986

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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