



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) or frequency of episode(s) of irregular heart beat:

- (a) Date of first episode: _____
- (b) Recent frequency of episodes: _____
- (c) Date of most recent episodes: _____

(2) The irregular heart beat has been diagnosed as:

- Paroxysmal atrial fibrillation (or flutter) Chronic atrial fibrillation (or flutter)
- Premature supraventricular (atrial) contractions (PACs) Premature ventricular contractions (PVCs)
- Other: _____

(3) Provide dates if any of the following tests or procedures have been done to evaluate the irregular heart beats?

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

(4) Please check the cause for the irregular heart beats, if known:

- Unknown Heart disease - Type: _____
- Thyroid Disease Alcohol use
- Other: _____

(5) Are there any symptoms that accompany episodes of irregular heart beat? If yes, check all that apply:

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

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

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

(7) Has a pacemaker been installed to control irregular year beats? If yes, date of installation: _____

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