

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_  
**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_  
**Type of Coverage:**  Term  UL  Survivor **Type of Coverage:**  Term  UL  Survivor UL  
**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

**FAMILY HISTORY**

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  
***If yes, use separate sheet to provide this information, including age of onset and date of death***

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

- Date first diagnosed: \_\_\_\_\_
- Is the irregular heartbeat due to (check all that apply):  
 Premature supraventricular atrial beats (PACs)  
 Premature ventricular beats (PVCs)  
 Multifocal  
 Bigeminy or trigeminy  
 Ventricular tachycardia
- Are there any symptoms with the irregular heartbeat?  
 Black-out  Dizziness (lightheadedness)/faint feeling  Palpitations  Chest discomfort
- Have any of the following tests been done? (If so, please give date and results)  
 ECG Date: \_\_\_\_\_  
 Stress test Date: \_\_\_\_\_  
 Echocardiogram Date: \_\_\_\_\_  
 Holter monitor Date: \_\_\_\_\_
- The cause of the irregular heart beat is due to:  Heart disease  Alcohol  Thyroid disease  Unknown or other \_\_\_\_\_
- Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Does client have any other major health issues? (additional questionnaires may be required)  No  Yes; please give details  
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