



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?

1. When and where was the stent put in? \_\_\_\_\_

2. What type of stent was put in? \_\_\_\_\_

3. Why was the stent put in? \_\_\_\_\_

4. How many vessels were involved? \_\_\_\_\_

5. Has the applicant had an imaged stress test done?  No  Yes; if yes, when and what were the results?

6. What type of follow-up testing has been done and what were the results? \_\_\_\_\_

7. Was there a heart attack prior to the stent being put in?  No  Yes;

8. Is there family history of heart disease?  No  Yes; please give details

9. Is client taking any medication, including inhalers? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

10. Are there any other health problems? (additional questionnaires may be required)  No  Yes; please give details