

HEART DISEASE TREATMENT — PACEMAKER 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. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) *Date of pacemaker implant:* _____

(2) *What is the reason for the pacemaker implant?* _____

(3) *Provide dates if any of the following tests or procedures have been done:*

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

(4) *Has the proposed insured been diagnosed as having any of the following:*

Bradycardia Cardiomyopathy
 Paroxysmal atrial fibrillation Congenital heart block *without* other heart disorder
 Chronic atrial fibrillation Congenital heart block *with* other heart disorder
 Sick sinus syndrome Heart block associated with coronary artery disease
 Atrial flutter Heart block First Degree Second Degree Third Degree
 Other: _____

(5) *Are there any current symptoms of any heart disease? If yes, check all that apply:*

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

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

Name of Medication (Prescription or Otherwise)	Dates Used	Quantity Taken	Frequency Taken

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

