

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

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

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

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

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

(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: _____
