

CLIENT NAME:	Date:			
☐ Male ☐ Female Date of birth: Heig		ht:""	Weight:	
			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 Amou	ınt	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 vaccale were involved?				
4. How many vessels were involved?				
5. Has the applicant had an imaged stress test done? $\square$ No $\square$ 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? $\square$ No $\square$ Yes;				
8. Is there family history of heart disease?				
9. Is client taking any medication, including inhalers? (accurate name, dosage, and reason)				
(Accurate) Name of Medication		Dosage	Reason	
L L L L L L L L L L L L L L L L L L L				
10. Are there any other health problems? (additional questionnaires may be required) $\square$ No $\square$ Yes; please give details				