



© QUICK QUOTE FOR CORONARY ANGIOPLASTY AND BYPASS

INFORMATION GATHERED WILL BE USED IN THE EVALUATION OF THE INSURABILITY OF THE APPLICANT. OFFERS ARE TENTATIVE AND ARE SUBJECT TO VERIFICATION OF THE SUBMITTED MEDICAL EVIDENCE AND OTHER CRITERIA USED IN THE UNDERWRITING OF LIFE INSURANCE.
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CLIENT: NAME _____ / [] M [] F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMNT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS.: [] PERM [] TERM YRS. LEVEL _____

TOBACCO USE: [] NO [] YES, DETAIL _____ / REPLACEMENT? [] YES [] NO / CURRENT ANN. PREMIUM \$ _____

LAST LIFE INSURANCE APP.: YEAR _____ COMPANY _____ ACTION _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

FOR USE BY CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

1. WHICH OF THE FOLLOWING PROCEDURES WAS COMPLETED?

- CORONARY BYPASS
- ANGIOPLASTY (GO TO QUESTION #6)

2. WHEN WAS BYPASS SURGERY PERFORMED?

MONTH _____ YEAR _____

IF A SECOND BYPASS WAS PERFORMED, WHEN?:

MONTH _____ YEAR _____

3. AGE WHEN BYPASS SURGERY WAS PERFORMED:

AGE _____

4. HOW MANY GRAFTS WERE PERFORMED?

- 1
- 2 OR 3
- 4 OR MORE

5. INDICATE THE TYPE OF GRAFT(S) USED:

- SAPHENOUS VEIN (FROM LEGS)
- INTERNAL MAMMARY ARTERY
- BOTH

IF THERE WAS ANGIOPLASTY DONE IN ADDITION TO BYPASS SURGERY, PLEASE CONTINUE WITH QUESTION 6, IF NOT GO TO QUESTION 8.

6. WHEN WAS THE CORONARY ANGIOPLASTY PERFORMED?

MONTH _____ YEAR _____

IF A SECOND ANGIOPLASTY WAS PERFORMED, WHEN:

MONTH _____ YEAR _____

7. HOW MANY ARTERIES WAS THE PROCEDURE PERFORMED ON:

- A SINGLE ARTERY
- MORE THAN ONE ARTERY, NUMBER: _____

8. WHICH CONDITIONS PRECEDED THE ANGIOPLASTY OR BYPASS?

- HEART ATTACK
- CHEST PAIN
- IRREGULAR STRESS EKG
- EXTREME FATIGUE
- OTHER _____

9. SINCE THE TIME OF THE ANGIOPLASTY OR BYPASS, HAS THE CLIENT EXPERIENCED EITHER OF THE FOLLOWING:

- CHEST PAIN
- IRREGULAR STRESS EKG

10. APPROXIMATE DATE OF THE LAST EKG:

- WITHIN THE LAST 6 MONTHS
- 6 MONTHS TO A YEAR AGO
- MORE THAN A YEAR AGO

11. LIST THE LAST CHOLESTEROL READING, IF KNOWN:

_____ HDL RATIO _____

12. LIST THE LAST BLOOD PRESSURE READING, IF KNOWN:

_____ SYSTOLIC/ _____ DIASTOLIC

13. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?

- YES [] NO IF YES, PLEASE DETAIL _____

14. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?

- YES [] NO IF YES, PLEASE DETAIL _____

15. CLIENT'S OCCUPATION _____

16. PLEASE LIST ANY OTHER ILLNESSES OR IMPAIRMENTS; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:
