



© QUICK QUOTE FOR HEART CONDITIONS

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. THE CLIENT'S HEART CONDITION / DIAGNOSIS IS:

- HEART MURMUR:
TYPE _____ GRADE _____
- CARDIOMYOPATHY:
TYPE: [] CONGESTIVE
[] RESTRICTIVE
[] ASYMMETRIC SEPTAL HYPERTROPHY
[] IDIOPATHIC HYPERTROPHY SUB-AORTIC STENOSIS
- CARDIAC ENLARGEMENT OR LEFT VENTRICLE HYPERTROPHY
- ARRHYTHMIAS:
TYPE _____
- CONGESTIVE HEART FAILURE
- CHEST PAINS
- OTHER _____

2. DATE DIAGNOSED _____ DATE RESOLVED _____

3. ARE THERE ANY CURRENT SYMPTOMS?

[] YES [] NO IF YES, PLEASE DETAIL _____

4. WHAT TREATMENTS HAVE BEEN PRESCRIBED?

[] MEDICATIONS IF YES, PLEASE LIST _____

[] PACEMAKER IF YES, START DATE _____

[] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE _____

5. CLIENT'S OCCUPATION _____

IS IT FULLTIME WORK? [] YES [] NO

6. WHAT TESTS HAVE BEEN PERFORMED?

- RESTING EKG
DATE AND RESULTS _____
- EXERCISE EKG
DATE AND RESULTS _____
- THALLIUM TEST
DATE AND RESULTS _____
- STRESS ECHOCARDIOGRAM
DATE AND RESULTS _____
- CORONARY CATHETERIZATION
DATE AND RESULTS _____
- EJECTION FRACTION
DATE AND RESULTS _____

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

[] YES [] NO IF YES, PLEASE DETAIL _____

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

[] YES [] NO IF YES, PLEASE DETAIL _____

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

