

## © 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. © COPYRIGHT CPS

REART MURMUR:   CARDIOMYDATATY:   CARDIAGESTIVE   CARDIAGE STICK   CASTMETRIC SETTAL MYPERTROPHY   CARDIAGE CHILARSE MEAT OR LEFT YEMTRICLE MYPERTROPHY   CARDIAGE CHILARSE MEAT OR LEFT YEMTRICLE MYPERTROPHY   CARDIAGE CHILARSE MEAT OR LEFT YEMTRICLE MYPERTROPHY   CARDIAGE CHILARSE MEAT FAILURE   CONCESSIVE HEART FAILURE   CHILARSE MEAT FAILURE   CONCESSIVE HEART FAILURE   CHILARSE MEAT FAILURE   CONCESSIVE HEART FAILURE   CHILARSE MEAT FAILURE   CHILARSE MEAT FAILURE   CONCESSIVE HEART FAILURE   CHILARSE MEAT	CLIENT: NAME / [ ] M [ ] F /			
AST LIFE INSURANCE APP.: YEARCOMPANYACTION				
GENT: NAME PROPERTY OF STATE OFFICE NAME/LOCATION STATE CITY STATE				
DORESS CITY ST 21P  OR USE BY CP3 OFFICE ONLY: ENTER OFFICE NAME/LOCATION FAX  THE CLIENT'S HEART CONDITION / DIAGNOSIS IS:  OR WHAT TESTS HAVE BEEN PERFORMED?  I RESTING EKG DATE AND RESULTS  I CARDIOMYDATHY:  I CONDESTIVE  I ASYMMETRIC SEPTAL MYPERTROPHY I DIODATHIC MYPERTROPHY SUB-ADATIC STENOSIS I CARDIAC ENLARGEMENT OR LEFT VENTRICLE MYPERTROPHY I CONDESTIVE HEART FAILURE I CONDESTIVE HEART SYMPTOMS?  I CARDIAC BLACK HEART SYMPTOMS?  I CARDIAC BLACK HEART SYMPTOMS?  I CARDIAC BLACK HEART EXCRIPED?  I MEDICATIONS IF YES, PLEASE DETAIL  I MEDICATIONS IF YES, PLEASE DETAIL  I PAGEMAKER IF YES, START DATE  I PAGEMAKER IF YES, START DATE  I SURPERY IF YES, PLEASE DETAIL TYPE AND DATE  S. CLIENT'S OCCUPATION  S. CL	AST LIFE INSURANCE APP.: YEAR COMPANY	ACTION		
THE CLIENT'S HEART CONDITION / PIAGNOSIS IS:    HEART MURMUR:	GENT: NAME	PHONE	FAX	
THE CLIENT'S HEART CONDITION / DIAGNOSIS IS:    HEART MURMUR:     RESTING EKB   DATE AND RESULTS	DORESS	CITY	st ziP	
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TYPE GRADE   DATE AND RESULTS     CARDIOMYDATHY:   () CONGESTIVE   () EXESTRICIVE   () EXESTRICIVE   () EXESTRICIVE   () ASTMMETRIC SETTAL MYPERTROPHY   () INTEGRADOR RESULTS   () INTEGRADOR RESULTS   () INTEGRADOR RESULTS   () STRESS ECROCARDIOGRAM   () DATE AND RESULTS   () CONGESTIVE HEART FAILURE   () CONGESTIVE HEART SAILURE   () PATE AND RESULTS   () PATE AND RESULTS   () PATE AND RESULTS   () CONGESTIVE HEART SAILURE   () CONGESTIVE HEART SAILURE   () PATE AND RESULTS   () PATE AND RESULT	. THE CLIENT'S HEART CONDITION / DIAGNOSIS IS:	6. WHAT TESTS HAVE BEEN PERFORMED?		
CARDIOMYOPATHY:				
IPE: [] CONGESTIVE [] RESTRICIVE [] RESTRICIVE [] RESTRICIVE [] ASYMMETRIC SEPTAL HYPERTROPHY [] DIDOPATHIC HYPERTROPHY SUB-AORTIC STENOSIS [] CARDIAGE ENLARGEMENT OR LEFT VENTRICLE HYPERTROPHY [] ARRYTHMIAS: [] CORONARY CATHETERIZATION DATE AND RESULTS [] ELECTION FRACTION DATE AND RESULTS [] FLECTION FRACTION DA	TYPE GRADE			
[ ] RESTRICTIVE [ ] ASYMMETRIC SEPTAL HYPERTROPHY [ ] IDIOPATHIC HYPERTROPHY SUB-ADATIC STENDSIS [ ] STRESS ECHOCARDIDGRAM DATE AND RESULTS [ ] STRESS ECHOCARDIDGRAM DATE AND RESULTS [ ] STRESS ECHOCARDIDGRAM DATE AND RESULTS [ ] COROMARY CATHETERIZATION DATE AND RESULTS [ ] COROMARY CATHETERIZATION DATE AND RESULTS [ ] COROMARY CATHETERIZATION DATE AND RESULTS [ ] ELECTION REACTION DATE AND RESULTS [ ] ELECTION REACTION DATE AND RESULTS [ ] OTHER [ ] THAM BY AGCIDENT? [ ] YES [ ] NO IF YES, PLEASE DETAIL [ ] YES [ ] NO IF YES, PLEASE DETAIL [ ] YES [ ] NO IF YES, PLEASE DETAIL [ ] YES [ ] NO IF YES, PLEASE DETAIL [ ] YES [ ] NO IF YES, PLEASE DETAIL [ ] YES [ ] NO IF YES, PLEASE DETAIL [ ] YES [ ] YE	· <del>-</del>			
[ ] ASYMMETRIC SEPTAL HYPERTROPHY	* •	[ ] THALLIUM TEST		
[ ] STRESS ELECTORRIOGRAM [ ] GARDIAC ENLARGEMENT OR LEFT VENTRICLE HYPERTROPHY [ ] CARRYTHAINS:		DATE AND RESULTS		
CARDIAG EMLARGEMENT OR LEFT VENTRICLE HYPERTROPHY   DATE AND RESULTS   TYPE   DATE AND RESULTS   CORONARY CATHETERIZATION   CORONARY CATHETERIZA		[ ] STRESS ECHOCARDIOGRAM		
JARRYTHMIAS: TYPE		DATE AND RESULTS		
CONGESTIVE HEART FAILURE   CONTEST PAIRS   CONTEST PAIRS      CONGESTIVE HEART FAILURE   CONTEST PAIR     CONGESTIVE HEART FAILURE   CONTEST PAIR     CONGESTIVE HEART FAILURE   CONTEST PAIR     CONGESTIVE HEART OF SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENTY     CONGESTIVE HEART OF SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENTY     CONGESTIVE HEART SYMPTOMS?   CONTEST PAIR OF SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENTY     CONCESTIVE HEART OF SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENTY     CONCESTIVE HERE ANY CURRENT EXPRESSED DETAIL     CONCESTIVE HEART EXPRESSED DETAIL     CONTESTIVE HEART EXPRESSED DET	] ARRYTHMIAS:	[ ] CORONARY CATHETERIZATION		
CHEST PAINS   DATE AND RESULTS	TYPE			
T. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY AGGIDENT?  [] YES [] NO IF YES, PLEASE DETAIL  [] YES [] NO IF YES, PLEASE DETAIL  [] YES [] NO IF YES, PLEASE DETAIL  [] WHAT TREATMENTS HAVE BEEN PRESCRIBED?  [] MEDICATIONS IF YES, PLEASE LIST  [] PACEMAKER IF YES, START DATE  [] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE  [] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE  [] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE  [] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE  [] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE  [] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE  [] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE  [] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE  [] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE	[ ] CONGESTIVE HEART FAILURE	• • • • • • • • • • • • • • • • • • • •		
7. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, UTHEN THAN BY AGGIDENT?  [ ] YES [ ] NO IF YES, PLEASE DETAIL  [ ] YES [ ] NO IF YES, PLEASE DETAIL  [ ] WHAT TREATMENTS HAVE BEEN PRESCRIBED?  [ ] MEDICATIONS IF YES, PLEASE LIST  [ ] PACEMAXER IF YES, START DATE  [ ] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE  [ ] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE  5. CLIENT'S OCCUPATION		AVIE VAN KESOFIS		
Z DATE DIAGNOSED DATE RESOLVED THAN BY AGCIDENT?  3. ARE THERE ANY CURRENT SYMPTOMS?  [] YES [] NO IF YES, PLEASE DETAIL	[ ] OTHER	T HES A SEDENT	PROTUCE AR SISTED NICH PRIMP TO ACE AS OTHER	
## DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?  ## WHAT TREATMENTS HAVE BEEN PRESCRIBED?  [] MEDICATIONS IF YES, PLEASE LIST	L DATE DIAGNOSED DATE RESOLVED			
8. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?  4. WHAT TREATMENTS HAVE BEEN PRESCRIBED?  [ ] YES [ ] NO IF YES, PLEASE DETAIL	3. ARE THERE ANY CURRENT SYMPTOMS?	ON[] 23Y[]	IF YES, PLEASE DETAIL	
[ ] YES [ ] NO IF YES, PLEASE DETAIL	[ ] YES [ ] NO IF YES, PLEASE DETAIL			
[ ] YES [ ] NO IF YES, PLEASE DETAIL		s. DOES THE CLIE	NT EXERGISE THREE OR MORE TIMES PER WEEK?	
9. PLEASE LIST ANY OTHER ILLNESSES OR IMPAIRMENTS; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAXEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:  [ ] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE	A WHAT TOCATMENTS HAVE REEN SPESSERED?	[] YES [] NO	[ ] YES [ ] NO IF YES, PLEASE DETAIL	
9. PLEASE LIST ANY OTHER ILLNESSES OR IMPAIRMENTS; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAXEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:  [ ] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE  5. CLIENT'S OCCUPATION				
AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:  [ ] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE	[ ] MEDICATIONS IF YES, PLEASE LIST			
AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:  [ ] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE		9. PLEASE LIST AN	Y OTHER ILLNESSES OR IMPAIRMENTS; ALONG WITH ANY	
5. CLIENT'S OCCUPATION	[ ] PACEMAKER IF YES, START DATE	and approximate an expert		
5. CLIENT'S OCCUPATION				
	[ ] SURGERY IF YES, PLEASE DETAIL TYPE AND DATE			
	5. CLIENT'S OCCUPATION			
	IS IT FULLTIME WORKY [ ] YES [ ] NO			