

Underwriting Questionnaire

Atrial and Ventricular Septal Defects

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____

Check type of septal defect

- | | |
|--|--|
| <input type="checkbox"/> ASD, ostium secundum or sinus venosus | <input type="checkbox"/> VSD, small |
| <input type="checkbox"/> ASD, primum | <input type="checkbox"/> VSD, moderate |
| <input type="checkbox"/> VSD, large | |

Has surgical repair(s) been completed? If yes, provide details below

Are any other congenital defects present? Provide details

Check if any of the following have occurred before or after surgery and provide details

- Heart enlargement _____
- Pulmonary hypertension _____
- Bundle branch block on ECG _____
- Arrhythmia _____
- Symptoms _____
- Blood clots _____
- Stroke _____
- Heart valve disease _____

Is the client on any medications? If yes, provide details

Date of recent echocardiogram _____

Results _____

List any other major health problems the client has: