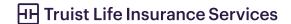
Underwriting Questionnaire Irregular Heart Beat



| Producer Name | Phone | Date | _ |
|---|--------------------------------------|---------------------------|-----------------|
| Client Name | Date of Birth | | |
| ☐ Male ☐ Female Face Amount | Max Premi | um \$ /yr. | |
| ☐ Term ☐ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No | | | |
| Frequency Da | ate of last use | Type | |
| Date of first episode Recent | frequency of episodes | Date of most recent | episode |
| The irregular heart beat has been diagnosed as Paroxysmal atrial fibrillation (flutter) | | | |
| Provide dates if any of the following tests have been of Resting EKG | ☐ Stress EKG☐ Echocardic☐ Chest X-ra | art beat gram y | |
| Select the cause of the irregular heart beat Unknown Heart disease, Ty Thyroid disease Other | | | |
| Are there any symptoms that accompany the episodes of irregular heart beat (select all that apply)? Dizziness or light headedness Chest pain Palpitations Other | | | |
| Has a pacemaker or defibrillator been installed to control irregular heart beats? Yes No If yes, date of installation and type of device | | | |
| Procedures □Ablation □Cardioversion Date — | | | |
| Name of Medication (prescription or otherwise) | Dates Used | Quantity Taken | Frequency Taken |
| | | | |
| | | | |

List any other major health problems the client has:

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