Underwriting Questionnaire
Stroke (CVA)/Mini Stroke (TIA)

Truist Life Insurance Services

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 _____

☐ Stroke ☐ Mini stroke (TIA) Date _____

What follow-up studies were done following the stroke/mini stroke (select all that apply)
☐ CT scan ☐ MRI scan ☐ Carotid ultrasound ☐ Echocardiogram ☐ Other _____

Select the following conditions the client has been diagnosed with

☐ Hypertension; Current reading _____
☐ Elevated cholesterol; Most recent reading _____
☐ Heart attack (MI); Date(s) _____
☐ Diabetes; Date of diagnosis _____ Treatment _____ Most recent A1C result _____
☐ Coronary artery disease; Date of diagnosis; Details _____
☐ Peripheral vascular disease; Date of diagnosis; Details _____
☐ Valve disorders; Date of diagnosis; Details _____
☐ Cardiomyopathy; Date of diagnosis; Details _____
☐ Atrial fibrillation; Date of diagnosis; Details _____

Describe any symptoms experienced at the time of the stroke/mini stroke

Describe any residual neurologic deficits or other residual effects fro the stroke/mini stroke

Any changes in ADLs (Activities of Daily Living) ☐ Yes ☐ No (if yes, describe below) On disability? ☐ Yes ☐ No

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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