

CONGESTIVE HEART FAILURE

CLIENT NAME: _____ **Date:** _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor **Type of Coverage:** Term UL Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

| PROPOSED INSURED'S EXISTING INSURANCE | | | |
|---------------------------------------|-------------|-------------|---------------------------|
| Full Name of Company | Face Amount | Year Issued | Is Policy to be Replaced? |
| | | | |
| | | | |

1. Date of first diagnosis: _____

2. What is the cause of the CHF? _____

3. Has the client had surgical heart repair?

No Yes; type: _____ Date: _____

4. Does client have a history of any of the following? (provide details)

Hypertension _____

Coronary artery disease _____

Chronic obstructive pulmonary disease _____

Pacemaker _____

5. Has an angiogram, echocardiogram, stress test, or heart scan been done?

No Yes; please give details and provide a copy if available _____

6. Is client on any medications now? (accurate name, dosage, and reason)

| (Accurate) Name of Medication | Dosage | Reason |
|-------------------------------|--------|--------|
| | | |
| | | |
| | | |

7. Does client have any other health issues? (additional questionnaires may be required) No Yes; please give details

FAMILY HISTORY (ADDENDUM)

CLIENT NAME: _____ **Date:** _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

1. Has the proposed insured had relative(s) with any of the following:

Parent

Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)

Age of onset: _____ Date of death: _____

Brother

Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)

Age of onset: _____ Date of death: _____

Sister

Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)

Age of onset: _____ Date of death: _____

2. If yes to any of the above, please provide details/information
