Underwriting Questionnaire | Cardiomyopathy

Financial Professional Information

Name:_____ Phone: _____ Date:_____

Client Information

Name:_____ Date of Birth: _____ State of Residence:_____

☐ Male ☐ Female Height:_____ft._____in. Weight:_____lbs.

Face Amount:_____ Max Premium $_____/yr.

Desired Life Insurance Type: ☐ 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_____

This condition as been diagnosed as

- ☐ Dilated cardiomyopathy
- ☐ Myocarditis
- ☐ Mycardial fibrosis
- ☐ Mycardial degeneration
- ☐ Congestive cardiomyopathy
- ☐ Hypertrophic cardiomyopathy
- ☐ Idiopathic hypertrophic subaortic stenosis
- ☐ Alcoholic cardiomyopathy
- ☐ Peripartum cardiomyopathy
- ☐ Restrictive cardiomyopathy
- ☐ Other_____

Provide dates if any of the following tests or procedures have been done to evaluate the condition

- ☐ Resting EKG _____
- ☐ Thallium stress EKG_____
- ☐ Holter monitor_____
- ☐ Other_____
- ☐ Stress EKG _____
- ☐ Echocardiogram_____
- ☐ Chest X-ray_____

Family history of heart disease or premature death due to heart disease

Relation	Age (if living)	Age at Death	Cause of Death

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: