Coronary Bypass Questionnaire - Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: ____
Proposed Insured: ___________________________ Date Of Birth: _____________ Gender: Male☐ or ☐Female
Build: Height________ Weight______ Any Weight Loss In Last Year? If so how much __________
Product Desired: Term ☐ Guarantee UL☐ Index UL☐ Whole Life☐Survivorship Life ☐
Face Amount Desired: Option 1 $_____________ Option 2 $____________ Option 3$______________
Maximum Premium Tolerance Per Year: ________________
Has Client Ever Used Any Form Of Nicotine? No ☐ Yes ☐
Type: ☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Chew ☐ Patch ☐ Nicorette Gum ☐ E-Cigarette ☐ Vape
Frequency: _________ Date Last Used________
Current Alcohol Use: Type___________ Number of Drinks: ______ Per ______Day _____Week Date Last Used: __________

1) Please indicate when the Coronary Bypass was performed month and year; if history of multiple bypass surgeries please indicate month and year of all previous procedures?
____
2) How many grafts were performed? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 or more
3) How badly were the vessels occluded (percentage)? ____
4) Please indicate the types of grafts used: ☐Saphenous vein (from legs) ☐Internal mammary artery ☐Both
5) What condition preceded the coronary bypass? Check all that apply
☐Myocardial infraction (heart attack) ☐Chest Pain (Angina pectoris) ☐Extreme fatigue ☐Irregular stress EKG
☐Coronary thrombosis/occlusion ☐Coronary insufficiency ☐Stroke ☐Other ______________________________
6) Since the bypass have you experienced any of the following? **If yes; please provide copy of the tests results for review**: ☐Chest pain ☐ Stress EKG date & results: ________________________
☐Echocardiogram date & results: ___________________ what was ejection fraction _________
☐Other tests or symptoms: ____
7) Is there family history of heart disease or cancer? ☐Yes ☐No If yes provide; details including relationship to yourself, age of onset, type and current age or date of death
____
Please indicate the most recent blood pressure readings:
______/______ ______/_____ _____/_____
8) What are most current Cholesterol Readings? ☐ below 200☐ 200 to 225☐226 to 260☐261 to 300☐above 300
9) Have you ever had any of the following? ☐Abnormal lipid levels ☐Irregular heart beat ☐Elevated homocysteine
☐Overweight ☐Elevated cholesterol ☐High Blood Pressure ☐Diabetes ☐Peripheral vascular disease
☐cerebrovascular or carotid disease
10) Do you exercise three or more times per week on a regular basis? ☐Yes ☐No If yes; provide details
____
11) Have you made any lifestyle changes to improve your overall health? ☐Yes ☐No If yes; provide details
____
____
12) Are you being treated for any other medical conditions? If yes; provide details
____
____
13) Please list all current medications, dosages and what condition the medication is treating
____
____

Please use additional pages if needed

2633 E. Indian School Road, Suite 410
Phoenix, Arizona 85016
P: 602-494-9500 P: 800-516-0283
F: 602-494-0500