



# QUICK QUOTE FOR HEART ATTACK (MYOCARDIAL INFARCTION)

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance. © COPYRIGHT CPS

CLIENT: NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_

AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_

TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT?  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED

FAMILY HISTORY: AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_

IF ANY DECEASED, GIVE RELATION(S), AGE(S) AND CAUSE(S) \_\_\_\_\_

DRIVING RECORD: # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK  NO  YES, DETAILS \_\_\_\_\_

DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ / DATE OF LAST EKG \_\_\_\_\_ AND RESULTS \_\_\_\_\_

LAST BLOOD PRESSURE READING (RESULTS) \_\_\_\_\_ / \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE  NO  YES

LAST CHOLESTEROL READING, HDL READING (RESULTS) \_\_\_\_\_, \_\_\_\_\_ TREATED FOR CHOLESTEROL  NO  YES

AGENT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

1. LIST DATES OF HEART ATTACKS AND SEVERITY OF EACH:

DATE \_\_\_\_\_  MILD  MODERATE  SEVERE

TIME UNTIL RETURN TO NORMAL ACTIVITIES? \_\_\_\_\_

DATE \_\_\_\_\_  MILD  MODERATE  SEVERE

TIME UNTIL RETURN TO NORMAL ACTIVITIES? \_\_\_\_\_

2. WHAT CONDITION(S) PRECEDED THE HEART ATTACK(S)?

- CHEST PAIN
- ARRHYTHMIA OR IRREGULAR HEART BEATS
- IRREGULAR EKG
- IRREGULAR STRESS EKG
- OTHER \_\_\_\_\_

3. DOES CLIENT WORK FULL TIME?  YES  NO

4. ACTIVITIES CAPABLE OF PERFORMING (CHECK LEVEL OF EXERCISE THAT BEST APPLIES):

- LEVEL ONE - HEAVY LABOR, HANDBALL, CROSS COUNTRY SKIING, RUNNING 10 MINUTE MILES, BICYCLING AT 12MPH
- LEVEL TWO - SHOVELING, WOOD CUTTING, CANOEING, JOGGING 12 MINUTE MILES, SWIMMING CRAWL STROKE, ROWING MACHINE
- LEVEL THREE - CARPENTRY, LAWN MOWING, SINGLES TENNIS, DOWNHILL SKIING, SWIMMING BREAST STROKE
- LEVEL FOUR - SEDENTARY LIFE STYLE (UNABLE TO DO ANY OF LEVELS ONE THROUGH THREE)

5. SINCE THE HEART ATTACK, HAS CLIENT EXPERIENCED ANY OF THE FOLLOWING?

- CHEST PAINS OR ANGINA
- IRREGULAR EKG OR STRESS EKG
- ARRHYTHMIA
- CONGESTIVE HEART FAILURE

6. WHAT TREATMENT(S) HAVE BEEN PRESCRIBED?

DATE LAST CONSULTED PHYSICIAN \_\_\_\_\_ LIST ALL

MEDICATIONS: \_\_\_\_\_

ANGIOPLASTY OR BYPASS (use the additional QQ form)

OTHER TREATMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. WHAT TESTS HAVE BEEN PERFORMED? (CHECK ALL THAT APPLY):

RESTING EKG / DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

EXERCISE EKG / DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

THALLIUM TEST / DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

STRESS ECHO / DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

CORONARY CATHETERIZATION

DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

8 LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY), ALONG WITH ALL MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:

\_\_\_\_\_

\_\_\_\_\_