Reliable Financial Group

A CPS Insurance Services, Inc. Affiliated Office
Companies, **P**roducts, and **S**ervices
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IRREGULAR HEARTBEAT

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. Proposed insured may need to contact his or her physician for needed information.

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 _____
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** _____

E-MAIL_____

(1) Date(s) or frequency of episode(s) of irregular heart beat:
(a) Date of first episode:_____ (b) Recent frequency of episodes:_____ c) Date of most recent episodes:_____

(2) The irregular heart beat has been diagnosed as:
❒Sinus Bradycardia ❒Sinus Tachycardia ❒Premature ventricular contractions (PVCs)
❒Chronic atrial fibrillation (or flutter) ❒Premature supraventricular (atrial) contractions (PACs) ❒Paroxysmal atrial fibrillation (or flutter)
❒Other: _____

(3) Provide dates if any of the following tests or procedures have been done to evaluate the irregular heart beats?
❒Resting EKG: _____ ❒Stress EKG: _____
❒Thallium Stress EKG: _____ ❒Echocardiogram: _____
❒Holter Monitor: _____ ❒Chest X-ray: _____
❒Other: _____

(4) Please check the cause for the irregular heart beats, if known:
❒ Unknown ❒Heart disease - Type: _____
❒ Thyroid Disease ❒Alcohol use
❒ Other: _____

(5) Are there any symptoms that accompany episodes of irregular heart beat? If yes, check all that apply:
❒Dizziness or light headedness ❒Black outs
❒Chest pain ❒Palpitations
❒Other: _____

(6) Has a device been installed? ❒Yes ❒No If yes, type of device:
❒Pacemaker ❒Defibrillator (ICD) ❒Pacemaker/Defibrillator (ICD) Date of installation:_____

(7) Are there any other conditions that may impact life underwriting? If yes, please describe:_____
_____
_____

(8)List all medications, reasons, dosage amounts:_____
_____