

Heart Valve Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____

Client Name: _____ Date of Birth: _____ Sex: Male / Female

Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____

Type of Insurance: Universal Life Whole Life Survivorship Term (# of years _____)

1. When did the proposed insured have heart valve replacement surgery, or other treatment? _____

2. What was the underlying condition that preceded the surgery/treatment?

Shortness of breath

Chest pain

Heart palpitations

Low body weight

Low blood pressure

Mitral valve regurgitation

Heart failure

Other: _____

3. Which valve was replaced? _____

4. What kind of valve was used in the replacement:

plastic or metal mechanical valve

bioprosthetic valve (pig valve)

5. Any restrictions of activities? Yes No

If yes, provide details: _____

6. Is the proposed insured taking any medication(s)? Yes No

If yes, provide name, dosage and frequency of medication(s): _____

7. Did the proposed insured smoke prior to surgery? Yes No

If yes, when did they quit? _____

8. Does the proposed insured have any family history of heart disease? Yes No

If yes, please provide the relationship to the proposed insured and the date of onset and/or death: _____

9. Has the proposed insured been diagnosed with any of the following conditions:

Coronary Artery Disease

Abnormal heart rhythms/arrhythmia

Cardiomyopathy

Heart Valve Disease

Mitral Valve Prolapse

Other: _____



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