



Irregular Heartbeat Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. When was the proposed insured first diagnosed with Irregular Heartbeat? _____

2. Is the irregular heartbeat due to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Premature supraventricular atrial beats (PACs) | <input type="checkbox"/> Multifocal |
| <input type="checkbox"/> Premature ventricular beats (PVCs) | <input type="checkbox"/> Bigeminy or trigeminy |
| <input type="checkbox"/> Hyperpigmentation | <input type="checkbox"/> Ventricular tachycardia |
| <input type="checkbox"/> Low blood sugar | |

3. Are there any symptoms with the irregular heartbeat?

- Black-out Dizziness (lightheadedness) / faint feeling Palpitations Chest Discomfort

4. Have any of the following tests been done? If so, please give date and results.

- | | | |
|--|-------------|----------------|
| <input type="checkbox"/> ECG | Date: _____ | Results: _____ |
| <input type="checkbox"/> Stress | Date: _____ | Results: _____ |
| <input type="checkbox"/> Echocardiogram | Date: _____ | Results: _____ |
| <input type="checkbox"/> Holter monitoring | Date: _____ | Results: _____ |

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

If yes, provide name, dosage and reason for medication(s)

Accurate Name of Medication	Dosage/Frequency	Reason

6. Does the proposed insured have any other major health issues? Yes No

If yes, please provide details: (additional questionnaires may be required)

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