



Cardiac Arrhythmia Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
What are the symptoms and complications of the Cardiac Arrhythmia?	
Does the applicant smoke?	
What type of arrhythmia does the applicant have and what is the frequency of attacks?	
What was the treatment, when was it done, and was it successful?	
Does the applicant have a pacemaker?	
Is the applicant currently experiencing the arrhythmia?	
What is the prognosis of the arrhythmia (is it benign or serious)?	
What is the cardiac evaluation? What is the underlying disease?	
Does the applicant have any other forms of heart disease?	
Medication currently being taken:	
Other information:	

Please return the completed form to your financial professional.

All quotes are tentative and are NOT BINDING and are SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.