Underwriting Questionnaire

Heart Valve Disease



Producer Name		Phone	e	Da	ite	_ \	
Client Name		Date	of Birth				
☐ Male ☐ Female	ale 🗌 Female Face Amount		Max Premium \$		/yr.		
☐ Term ☐ Permanent	Has the cli	ent ever used any f	orm of tobacco (c	igarettes, cigars,	pipe, snuff, etc.)?	□Yes □No	
Frequency		Date of las	ast use		Type		
Any family history of cardia	c disease □Yes	□No If yes, who	m age	of onset	_ current ag	e or age at death	
Age/date first diagnosed							
Type of disorder]Congenital	□Valve prolapse	□Insufficiency	□Stenosis	□Other		
Which valve(s) are involved		□Pulmonic	□Aortic	□Mitral	□Tricuspid		
Does the client have a Bicu	spid aortic valve	? □Yes □No If y	es, grade of murm	nur (if known)			
Has the client had valve rep	oair? □Yes □No	o If yes, date of su	ırgery				
Has the client had valve rep	olacement? □ Ye	es □No If yes, dat	te of surgery; type	of valve (mechar	nical, tissue)		
Any history of additional su	rgery/re-operati	on? □Yes □No I	f yes, provide date	e/details			
Any post-op insufficiency p	resent? □Yes □	□No If yes, to wha	at degree (mild, m	oderate, severe)_			
Select the tests that have b	een done						
□EKG	Date(s)		Results				
☐Stress test	Date(s)		Results				
□Echocardiogram	Date(s)		Results				
☐Holter monitor	Date(s)		Results				
□Other		Date(s)		Results			
Name of Medication (prescription or otherwise)		otherwise)	Dates Used	Qua	ntity Taken	Frequency Taken	

List any other major health problems the client has:



For Insurance Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non-registered products only. Tellus operates under the license of Tellus Brokerage Connections Inc., AR license #100103477. Products and programs offered through Tellus are not approved for use in all states. Updated May 12, 2020