



HYPERTENSION QUESTIONNAIRE TO BE COMPLETED BY THE PROPOSED INSURED

Name of Proposed Insured: _____ DOB: _____
MM/DD/YYYY

- 1) What date was hypertension diagnosed by a member of the medical profession? _____
- 2) Have you received treatment or been prescribed medication of any kind by a member of the medical profession?
 No Yes If yes, provide details including name of all medications and dosages:

- 3) How long have you been on this treatment? _____
- 4) Do you have any history of heart or circulatory problems? No Yes If yes, provide details:

- 5) Have you ever been hospitalized for high blood pressure or circulatory problems?
 No Yes If yes, provide details: _____

- 6) Do you monitor your blood pressure at home? No Yes
- 7) Please list your last 3 to 4 blood pressure readings and the dates.
a) _____ b) _____ c) _____ d) _____
- 8) Indicate the highest diastolic and systolic readings during the past 3 years? _____
- 9) What is your current height and weight? _____
- 10) What was your weight one year ago? _____
- 11) Please list all physicians that have treated you for hypertension; provide name and address:

- 12) Date you last consulted above physician? _____
- 13) Please provide any additional information you feel is important concerning your hypertension history:

I understand that this declaration will be relied upon by the 1891 Financial Life in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere, could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge and belief.

SIGNATURE OF PROPOSED INSURED _____ DATE _____

If age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery.