



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 details 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