



RESPIRATORY QUESTIONNAIRE
TO BE COMPLETED BY THE PROPOSED INSURED

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

1) Have you ever been diagnosed, treated, or been given medical advice by a member of the medical profession for:
[] Bronchitis [] Asthma [] COPD [] Emphysema [] Other: _____

2) Date of your first attack? _____

3) How often per year do attacks occur? _____

4) What was the date of your last attack? _____

5) Are your attacks seasonal? [] No [] Yes

6) Is disease considered: [] Mild [] Moderate [] Severe

7) Please list all physicians that have treated you for your respiratory condition, provide names and addresses:

8) Have you ever been hospitalized or seen in the Emergency Room due to your respiratory condition?

[] No [] Yes If yes, provide dates, names, and addresses for all treatment locations:

9) Have you received treatment or been prescribed medication of any kind by a member of the medical profession (including oxygen and steroids)?

[] No [] Yes If yes, provide details, including medications taken and when last used:

10) Do you currently experience shortness of breath or do you wheeze on exertion? [] No [] Yes

11) Do you use tobacco? [] No [] Yes If yes, what type and how much per day?

12) Please provide any additional details concerning your respiratory condition:

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