financial life
A Fraternal Benefit Society

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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) In the last 5 years, 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) In the last 5 years , have you 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 in the last 5 years; 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. A false statement on this application will not prevent the right to receive the benefit unless the false statement was made with the actual intent to deceive and unless it materially affected the acceptance of the risk assumed by the insurer. 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