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RESPIRATORY QUESTIONNAIRE

TO BE COMPLETED BY THE PROPOSED INSURED

Naı	me 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:
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40\	De veu en manthe experience chartman of hypothesis de veu wheepe en exertion?
-	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 information you feel is important concerning your respiratory condition:
I understand that this declaration will be relied upon by 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.	
	nature of Proposed Insured Date ge 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

17-WK-RQ-CA 4/23