

AMERICAN INCOME LIFE INSURANCE COMPANY

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www.aillife.com

HEART / CIRCULATORY QUESTIONNAIRE

INSURED'S NAME _____ APPLICATION NUMBER _____

CHEST PAIN

1. HAVE YOU EVER HAD:

A. CHEST PAIN?

YES ☐

NO ☐

B. SHORTNESS OF BREATH?

YES ☐

NO ☐

2. DATE OF OCCURRENCE (S) _____

3. WHEN DID THE PAIN OCCUR (AT REST OR AFTER EXERCISE)? _____

4. WERE YOU HOSPITALIZED? YES ☐ NO ☐

IF YES, WHAT IS THE NAME AND ADDRESS OF THE PHYSICIAN? _____

WHAT IS THE NAME AND ADDRESS OF THE HOSPITAL? _____

5. WHAT WAS THE PHYSICIANS DIAGNOSIS? _____

HEART ATTACK QUESTIONNAIRE

1. HAVE YOU EVER BEEN DIAGNOSED WITH A HEART ATTACK? YES ☐ NO ☐

IF YES, PLEASE FURNISH NAME AND ADDRESS OF THE ATTENDING PHYSICIAN. _____

WHAT IS THE NAME AND ADDRESS OF THE HOSPITAL WHERE CONFINED. _____

HAVE YOU HAD MORE THAN ONE HEART ATTACK? YES ☐ NO ☐

2. DATE OF HEART ATTACK (S) _____

3. HAVE YOU HAD ANGINA SINCE YOUR HEART ATTACK? YES ☐ NO ☐

IF YES, HOW OFTEN DO YOU HAVE ANGINA? _____

4. DO YOU CURRENTLY TAKE MEDICATION FOR YOUR HEART? YES ☐ NO ☐

IF YES, LIST ALL MEDICATION. _____

5. WHAT IS THE NAME AND ADDRESS OF THE PHYSICIAN WHO CAN FURNISH RECORDS OF TREATMENT SINCE THE DATE OF YOUR HEART ATTACK? _____

6. WHEN DID YOU RETURN TO FULL TIME EMPLOYMENT? _____

(MO / DAY / YR)



CORONARY BY - PASS / ANGIOPLASTY QUESTIONNAIRE

1. HAVE YOU EVER HAD A CORONARY BY-PASS OPERATION OR ANGIOPLASTY PROCEDURE?

☐ YES ☐ NO

IF YES, WHICH ONE? _____

2. DATE OF PROCEDURE: _____

3. HAVE YOU HAD ANGINA SINCE YOUR RECOVERY FROM SURGERY? ☐ YES ☐ NO

4. WHAT WAS THE NAME AND ADDRESS OF THE HOSPITAL WHERE THIS PROCEDURE WAS PERFORMED? _____

WHAT IS THE NAME AND ADDRESS OF THE PHYSICIAN WHO CAN FURNISH RECORDS OF TREATMENT SINCE THE OPERATION? _____

DATE LAST SEEN? _____

5. WHEN WAS THE LAST EKG DONE? _____

6. WHEN DID YOU RETURN TO FULL TIME EMPLOYMENT? _____
(MO / DATE / YR)

X _____ DATE _____
(PROPOSED INSURED'S SIGNATURE)

