

APPLICATION NUMBER
STROKE QUESTIONNAIRE
AMERICAN INCOME LIFE INSURANCE COMPANY
PO BOX 2608
WACO, TX 76797

PLEASE INDICATE APPROPRIATE APPLICANT'S NAME IN SHADED AREA

NAME

1. Have you ever been diagnosed with a stroke or TIA (transient ischemic attack)? ☐ Yes ☐ No
2. What was the date of your stroke or TIA (transient ischemic attack)? _____
3. Is/was there any paralysis? ☐ Yes ☐ No
4. Were you hospitalized? ☐ Yes ☐ No How long? _____
Name, address and phone number of the hospital: _____
5. Any physical or speech therapy needed? ☐ Yes ☐ No
6. Have you had more than one stroke or TIA (transient ischemic attack)? ☐ Yes ☐ No
7. Name, address and phone number of treating physician: _____
8. When did you return to full-time employment? _____

X _____
Signature of Applicant Date

X _____
Signature of Agent Date

