

SecurLife Preliminary Underwriting Questionnaire

STROKE

General: We can consider an applicant 6 months after they have suffered a stroke, provided there are no major residual effects such as paralysis or inability to independently perform normal activities of daily living. We recommend that you submit a preliminary inquiry prior to proceeding with a full application. To do so, please complete the following brief questionnaire and fax (416-322-6846) or email (info@hunmcc.com) it to us.

Client name (optional): Age or Birthdate:

Height: Weight: Male Female Smoker: Yes No

1. Date(s) stroke occurred:
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2. Date of last symptoms:

3. Are there any residuals, such as weakness, vision, or speech problems?
If yes, please describe:

4. Is there any restriction in mobility?
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5. What type of medications is being taken?

6. Was a carotid ultrasound done?
If yes, what were the results?

7. Is there any other history or condition that you think may affect your insurability? If yes, please provide a brief summary, or complete the appropriate questionnaire.
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Advisor name: _____ email: _____

Advisor telephone: _____ Today's date: _____