

**SecureLife Preliminary Underwriting Questionnaire**

**CORONARY ARTERY DISEASE (CAD)**

General: Applicants with any of the following cannot be considered:

- Heart attack or diagnosis of CAD prior to age 30.
- Ejection fraction less than 30%.
- Chronic congestive heart failure.
- Heart transplant.

Otherwise, individuals that have had a heart attack may be considered 6 months after resumption of normal activities. In the case of coronary bypass surgery or angioplasty, we will consider 6 months after the date of surgery. As these are only general guidelines, we recommend you submit a preliminary inquiry prior to proceeding with a full application. To do so, please complete the following questionnaire and fax (416-322-6846) or email ([info@humcc.com](mailto:info@humcc.com)) it to us.

Client name (optional): ..... Age or Birthdate: .....

Height: ..... Weight: .....  Male  Female

1. Description of impairment: .....

2. Age when diagnosed: .....

3. Were corrective procedures done, such as bypass or angioplasty? No Yes When? .....

If more than one, dates performed? .....

How many vessels were involved? .....

4. Was there a heart attack? Yes No

Do you know your ejection fraction? .....

5. Any current symptoms? Yes No If yes, please describe: .....

.....

Date of most recent symptoms: .....

Date of most recent stress EKG, echo, etc.: .....

Date of most recent cardiologist visit:  
.....

Are your activities restricted in any way? Yes No If yes, give details: .....

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Do you participate in a cardiac rehab or other exercise program? Yes No If yes, please describe:

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Do you currently smoke? Yes No

If "no", have you smoked in the past? Yes No If yes, when did you quit (give details)?

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List all medications that you presently take: .....  
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6. 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: \_\_\_\_\_