

Aneurysm Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____
Client Name: _____ Date of Birth: _____ Sex: Male / Female
Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____
Type of Insurance: Universal Life Whole Life Survivorship Term (# of years _____)

1. When was the proposed insured first diagnosed with an aneurysm? _____

2. What type of aneurysm was diagnosed?
 Aortic aneurysm Cerebral aneurysm Ventricular aneurysm
 Atrial aneurysm Cirroid aneurysm

3. Size of the aneurysm: _____ cm

4. Has the aneurysm changed in size or location since the time it was first diagnosed? Yes No

5. Has the proposed insured experienced internal bleeding? Yes No

6. Does the proposed insured have a history of surgery? Yes No

7. Does the proposed insured have a family history of aneurysms? Yes No

8. How was the aneurysm treated? _____

9. Is the proposed insured current taking any medication(s)? Yes No
If yes, provide name, dosage and frequency of medication(s) _____

FAX TO 603-778-7918 or E-MAIL TO sdonovan@uuinc.com.