

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. Which of the following did the proposed insured experience?  
 Stroke (CVA) Date(s): \_\_\_\_\_  
 Mini Stroke (TIA) Date(s): \_\_\_\_\_

2. What follow-up studies were done following the stroke or mini stroke?  
 CT Scan  MRI Scan  Carotid ultrasound  Echocardiogram  
 Other: \_\_\_\_\_

3. Has the proposed insured been diagnosed with any of the following conditions? (Check all that apply.)

<input type="checkbox"/> Hypertension	Most current reading? _____
<input type="checkbox"/> Elevated Cholesterol	Most current reading? _____
<input type="checkbox"/> Heart Attack	Date(s): _____
<input type="checkbox"/> Diabetes	Date of diagnosis: _____ Sugar: _____
<input type="checkbox"/> Coronary Artery Disease (CAD)	Most recent A1C test result: _____
	Date of diagnosis: _____
	Details: _____
<input type="checkbox"/> Peripheral Vascular Disease	Date of diagnosis: _____
	Details: _____
<input type="checkbox"/> Valve Disorders	Date of diagnosis: _____
	Details: _____
<input type="checkbox"/> Cardiomyopathy	Date of diagnosis: _____
	Details: _____
<input type="checkbox"/> Atrial Fibrillation	Date of diagnosis: _____
	Details: _____
<input type="checkbox"/> Other: _____	

4. Describe any residual neurologic deficits or other residual effects from the stroke or mini stroke:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Does the proposed insured have any other medical conditions?  Yes  No  
 If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

6. 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](mailto:sdonovan@uuinc.com).**