CLASSIFICATION QUESTIONS

• Ever been hospitalized? ()Ye	Highest re	eading: BP	/ Chol	н	IDL reading or ratio:	
• High blood pressure or elevated c	Highest re	eading: BP	/ Chol	н	IDL reading or ratio:	
• High blood pressure or elevated c	cholesterol? () Yes () No If yes, cur	rent reading: B	Ρ	/ Chol	
Adopted? () Yes	-	ular disease, ca	_		\	
Any family history of disease? (() Yes () No If ye	s, list family me	ember , age if li	ving or age	at death and cause (heart disea
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Adverse motor vehicle report? (()Yes ()No If ye	s, please detail:	<u>. </u>			
Adverse motor vehicle report?	()Yes ()No If ve	s, please detail:	·		\	
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Recently stopped using tobacco?(() Yes () No If ye	s, when:				
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Recently stopped using tobacco? (()Yes ()No If ye	s, when:				
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The above information is for preliminary underwriting purposes only and will not be made part of any contract.



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