

The Selario Agency, Inc.

"Helping financial professionals provide world-class solutions for their client's needs"

300 Mt. Lebanon Blvd., Suite 307 Pittsburgh, PA 15234 Phone (412) 344-6210 or (800) 331-7113 Fax (412) 341-1320

Life Insurance Medical Questionnaire

(Please return to hstem@selarioagency.com or fax to 412-341-1320)

1. Have you used any nicotine-based products in the past?*
- Never? If yes, please list type of tobacco used
In the last 60 months?
In the last 36 months?
In the last 24 months?
In the last 12 months?
2. Have you had more than two motor vehicle moving violations in the past three years?*
- Yes No If yes, please list
3. Has either parent or a sibling had a history of cardiovascular disease or cancer before age 60?*
- Yes No If yes, please list if parent or sibling
4. Has either parent or a sibling died of cardiovascular disease or cancer prior to age 60?*
- Yes No If yes, please list whether cardiovascular or cancer related
5. Do you take any medications for blood pressure or cholesterol?*
- Yes No If yes, please list for which condition or both
- 5A. Do you take any other types of medications?*
- Yes No If yes, please list
6. Do you know what your recent blood pressure and cholesterol readings were?*
- Yes No If yes, please list
7. Have you ever had or been diagnosed with any of the following conditions? If so, please provide details.*

*Please provide any additional details to any questions on page 2.

Diabetes

Cancer

Cardiovascular Disease

Stroke/TIA

Neurological Disorders

Blood/Circulatory Disorders

Depression/Anxiety

Drug/Alcohol Abuse