



# Trinity Life Insurance Company

ADMINISTRATIVE OFFICE: PO BOX 5205 • FRANKFORT, KY 40602-5205  
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## FIELD UNDERWRITING QUESTIONNAIRE - STROKE

Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Smoker:  Yes  No

Insurance Type:  UL  WL  Term Amount: \_\_\_\_\_

1. When did you have your first stroke? month / year \_\_\_\_\_

2. Number of strokes in last 24 months?  None  One  Two or more

3. Have you ever had carotid artery surgery as a result of a stroke?  Yes  No If yes, when: \_\_\_\_\_

4. Do you have any of the following residual neurological deficits?  
 slurred speech  loss of use of limb  restricted use of limb  any other impairment: \_\_\_\_\_

5. Approximate date of last stress EKG?  
 within last 12 months  one or two years  two plus years

6. Please list last cholesterol reading, if known: \_\_\_\_\_

7. Please list last blood pressure reading, if known: \_\_\_\_\_

8. Do you regularly exercise 3 or more times per week?  Yes  No If yes, type: \_\_\_\_\_

9. List any other illness or impairments: \_\_\_\_\_

10. List medications taken regularly: \_\_\_\_\_

11. Has either parent, or any sibling died before age 65, other than by accident?  Yes  No If yes, explain cause:  
\_\_\_\_\_

12. Please list the date(s) life insurance was applied for after your first stroke and the result:

Company: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Result:  Standard  Declined  Postponed  Rated

Company: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Result:  Standard  Declined  Postponed  Rated

Company: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Result:  Standard  Declined  Postponed  Rated

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completion of this form does not constitute a contract and is for company use only.**