



1701 Research Boulevard
 Rockville, Maryland 20850
 (301) 279-4800
 (800) 638-8428

Quick Quote for Sleep Apnea

GA/Broker: _____

GA Case #: _____
 (Assigned by GA)

Proposed Insured: Male Female Date of Birth _____

Family History:	Age if Living	Age at Death	Cause of Death
Mother _____			
Father _____			
Siblings _____			

Date of sleep apnea diagnosis: _____

Was sleep study done? Yes No
 If yes, date _____

How is sleep apnea being treated?

CPAP mask Yes No
 If yes, dates used (from-to) _____

Weight loss Yes No
 Current height _____ weight _____

Surgery Yes No
 If yes, please list _____

Other Yes No
 If yes, please list _____

Has client been diagnosed with any of the following?

High blood pressure Yes No
 Lung disease Yes No
 Chest pain or coronary artery disease Yes No
 Depression Yes No
 Overweight Yes No
 Arrhythmia Yes No
 Stroke Yes No

List all medications including aspirin and vitamins:

Has client ever used tobacco or nicotine-based products? Yes No
 If yes, last date used _____

List any other health problems:

RETURN TO YOUR GENERAL AGENCY FOR PROCESSING