

- Life Investors Insurance Company of America Stonebridge Life Insurance Company
 Monumental Life Insurance Company Transamerica Life Insurance Company
 Peoples Benefit Life Insurance Company Western Reserve Life Assurance Co. of Ohio

Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499

Supplement to Application dated _____

High Blood Pressure Questionnaire

Name of Proposed Insured			Date of Birth
Date of diagnosis?			
What medication(s) are you currently taking and dosage(s)?			
Has there been any change in your medication in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:			
Have you ever required hospitalization or emergency room treatment for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:			
Do you have any blood pressure related health problems such as: kidney disease, enlarged heart or history of a stroke, other? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:			
Do you self monitor your blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide most recent reading:			
Date of last blood pressure checkup by your doctor and reading:			
Physician's Name	Address	Phone Number	Area of Specialty (i.e. family physician, cardiologist, other)
How often do you see each doctor and date last seen?			

I hereby represent, to the best of my knowledge and belief, that all the above statements are complete and true, and I agree that they shall form a part of the application and become a part of any contract of insurance issued on such application.

Dated at _____ this _____ day of _____, 2_____.

Signature of Proposed Insured

Signature of Agent