

- 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 _____

Heart Disease Questionnaire

Name of Proposed Insured			Date of Birth
What is the diagnosis of your heart condition (angina pectoris, heart attack, coronary artery disease, congestive heart failure, other)?			
Date of diagnosis?			
Did it require bypass surgery, angioplasty, cardiac catheterization, stent placement, or any other cardiovascular procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the date and reason for your hospitalization or treatment and the name, address and telephone number of the hospital.			
Have you had any symptoms (such as chest pain, shortness of breath, palpitations) since your last procedure?			
What medication(s) (including over the counter medications) are you currently taking and the dosage(s)?			
Have you had any follow-up cardiac tests such as EKGs, stress tests, echocardiograms, angiography, other? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the date and results of your procedure and the name, address and telephone number of the hospital:			
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