

Respiratory Disorders Questionnaire

APA5112



Includes asthma, chronic bronchitis, emphysema, COPD, sleep apnea

Proposed Insured (Last, First, Middle Initial) (please print)	Birthdate (mo/day/year)	Policy Number
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1. Please state the precise diagnosis of your respiratory problem, and date of diagnosis: _____

2. Have you had any x-rays, pulmonary function tests, or any other workups for this condition? Yes No
If Yes, please provide details including dates of the workup and results. _____

3. Regarding your symptoms:
 - a. What are your symptoms (e.g., cough, shortness of breath, sputum production)? _____
 - b. How frequently do symptoms occur (i.e., how often in the last 12 months)? _____
 - c. Are you aware of any specific provoking cause(s) which trigger your symptoms (i.e., exercise, stress, allergies)?

 - d. When was the last attack? _____
 - e. Do your symptoms restrict your activities/employment in any way? Yes No If Yes, please provide details. _____

4. Please provide details of your treatment. Include names of medication, dosage, how often taken, any use of oxygen, CPAP/BiPAP, or surgery. If sleep apnea, date and results of any sleep studies; and date last seen. _____

5. Regarding the monitoring of your condition:
 - a. What are your physician's name, address, and phone number? _____
Date last seen: _____
 - b. Do you use a peak flow meter and record the results? Yes No If "Yes," highest reading: _____ lowest reading: _____
How often do you check your peak flow? _____

6. Do you smoke? Yes No If you formerly smoked, when did you discontinue? _____

7. Have you missed work because of this condition? Yes No
If Yes, please provide details including dates and duration of time off work: _____

8. Have you had any hospitalizations or emergency room visits? Yes No If Yes, when and how often? _____

9. Have you ever filed for or received disability or Worker's Compensation benefits for this condition? Yes No

10. Please provide any additional information on your condition that you feel will be helpful in processing your application. _____

IN ACCORDANCE WITH STATE LAW, WE MUST PROVIDE YOU WITH THE FOLLOWING FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I represent to Amerigo Financial Life and Annuity Insurance Company that the above answers are true, complete, and correctly recorded to the best of my knowledge and belief. I agree that the above answers shall form a part of my application and that the Company can rely on these answers.

Dated at _____ this _____ day of _____, _____.

Witness Proposed Insured