



HYPERTENSION QUESTIONNAIRE

Instructions:

Please complete sections 1 thru 3. If you have any questions, or for additional information, please contact us at ☎ 1-800-772-8632 or visit our website at 🌐 www.PRCUA.org.

1. PROPOSED INSURED'S INFORMATION

FIRST (MI) LAST NAME

DATE – (MONTH/DAY/YEAR)

1. When was the high blood pressure diagnosed and how long has it been under control?

2. What prescription medication is taken and what is the dosage?

3. How long on this medication? _____

4. Do you have any history of heart or circulatory problems?

5. Have you ever been hospitalized for high blood pressure or circulatory problems?

6. Please list your last 3 to 4 blood pressure readings and the dates.

7. What is your current height and weight? _____

8. What was your weight one year ago? _____

9. Please list the doctor's name, address, and phone number that treats you for high blood pressure:

10. Please list the dates of the last 3 times you had an office visit/ consultation with the physician listed above.

I represent that the answers as amplified and extended above are true and complete to the best of my knowledge and belief and are a part of my described application the Polish Roman Catholic Union of America.

(continued on next page)

2. SIGNATURE



SIGNATURE OF PROPOSED INSURED

3. ADDITIONAL INFORMATION

Please mail/email/fax all pages of this completed form to:

UNDERWRITING DEPARTMENT
POLISH ROMAN CATHOLIC UNION OF AMERICA
984 N MILWAUKEE AVE
CHICAGO, IL 60642-4101

INTERNAL OFFICE USE ONLY

PROCESSED BY:

(PLACE DEPARTMENT RECEIVED STAMP BELOW)

PERSONNEL

DATE