



**WILLIAM PENN LIFE INSURANCE
COMPANY OF NEW YORK**

A Legal & General America Company
100 Quentin Roosevelt Boulevard
Garden City, New York 11530
(800) 346-4773

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:

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