

Chest Pain Supplementary Statement

This statement should be completed by the Proposed Insured/Policyowner

Proposed Insured	Date of Birth
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Please answer each question **truthfully, accurately** and **completely** and where appropriate, provide particulars.

1. Have you ever experienced chest pain or discomfort? If so, please provide details about the following:
 - a) Approximate date of first attack
 - b) Date of last attack
 - c) Frequency with which attacks occur
 - d) Duration of attacks
 - e) With what are the attacks associated (e.g., exercise or exertion, nervousness or excitement, eating, etc.)?
 - f) Have you at any time been unable to work due to chest pain? If so, how long were you absent from work? Are you now able to work without restriction?
 - g) Have you received or are you presently receiving any form of medical treatment (if possible, please specify type, dosage and duration)?
 - h) When and by whom did you last have an electrocardiogram (ECG)?
 - i) Do you know what diagnosis, if any, has been made regarding your chest pain? If so, please specify and provide the name and address of the doctor concerned.

2. Do you suffer from any other complaints or diseases? If so, please specify.

I hereby declare that the above statements are true and complete and agree that this supplementary statement together with the proposal dated _____ shall form part of the contract between me and Allianz PNB Life Insurance, Inc.
I authorize Allianz PNB Life Insurance, Inc. to process the information I have provided in accordance with the Data Privacy Act.

Signature over printed name of Proposed Insured

Date

