Golden Rule®
A UnitedHealthcare Company

HEART MURMUR INQUIRY

Name _____ Reference No. _____

I hereby authorize the physician who completes this form below to release to Golden Rule Insurance Company all information on medical treatment of me or my children, including information on all medical history of other medical treatment that has been given to this physician.

_____
Signature of Applicant

Dear Doctor:

We need your assistance to process your patient's application for insurance coverage.

We have been informed that your patient has a heart murmur. Answers to the following questions will help us evaluate the insurance risk involved.

The questions have been designed to facilitate your response and our decision. If "yes" is the response to any one of questions 1 through 5 (those designated with asterisks), you need not proceed with the remainder of the questions.

Golden Rule will pay $10 for the completion of the form. Please return the form via Fax or in your own envelope to the address provided below.

Thank you for assistance.

Underwriting Department

Diagnosis: _____

*1.Is there more than one murmur? Yes ____ No ____
*2. Is the murmur Diastolic? Yes ____ No ____
*3. Does the murmur radiate? Yes ____ No ____
*4. Is there a palpable thrill? Yes ____ No ____
*5. Is there evidence of organic heart disease? Yes ____ No ____

If you answered "yes" to any questions 1-5, you do not need to answer remaining questions.

6. In what area is the murmur heard best? Aortic ____ Apical ____ Basal ____ Mitral ____ Pulmonic ___ Tricuspid ____
7. On a scale of I to VI, what is the intensity of the murmur (VI represents the highest intensity)?
   I ____ II ____ III ____ IV ____ V ___ VI ____
8. Does the murmur change with:
   Position of the body? Yes ____ No ____
   Exercise? Yes ____ No ____
   Respiration? Yes ____ No ____
9. Did the murmur appear only during pregnancy?
   Yes ____ No ____
10. Is/Was the applicant anemic? Yes ____ No ____
    If "yes," provide details: type, treatment, prognosis?

_____
_____
_____

Date _____

Physician's Signature _____

Tax ID Number -- Required for Payment

Please mail or fax the form to:
Attn: New Business Underwriting
Golden Rule Insurance Company
7440 Woodland Drive
Indianapolis, IN 46278-1719
Fax Number: (317) 713-7875

Please Print Name and Address:

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