



Application for Individual Life Insurance.

1. Proposed Insured.					
First name.		Middle name.		Last name.	
				Sex: <input type="radio"/> Male <input type="radio"/> Female	
Street address.			City.	State.	Zip code.
Home phone no.	Alternate phone/Cell no.	Date of birth (mmm/dd/yyyy).	State & Country of birth.	Social security number.	
Foresters member? <input type="radio"/> Yes. <input type="radio"/> No, applying for membership.		Height.	Weight.	Used tobacco in any form within the past 12 months? <input type="radio"/> Yes. <input type="radio"/> No	

2. Medical Questions. "Diagnosed", "advised" and "treatment", mean by a licensed physician or medical practitioner.

Part A.

- Is the proposed insured currently confined to a hospital, or a psychiatric, nursing or correctional facility or receiving home health care or receiving or been advised to receive hospice care? Yes. No.
- Does the proposed insured currently use a wheelchair, or require assistance with activities of daily living such as taking medications, bathing, dressing, eating or toileting? Yes. No.
- Has the proposed insured:
 - Within the past 12 months, used or been advised to use oxygen equipment to assist in breathing, or had dialysis? Yes. No.
 - Within the past 12 months, been advised to have a diagnostic test, surgery, home health care or hospitalization which has not yet been started, completed or for which results are not known? Yes. No.
 - Ever been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)? Yes. No.
 - Ever received or been advised to receive an organ or tissue transplant? Yes. No.
 - Ever been diagnosed with Alzheimer's disease, dementia, Amyotrophic Lateral Sclerosis (ALS), or a terminal illness*? Yes. No.

*'Terminal illness' is defined as any illness diagnosed that would reasonably be expected to cause death within 12 months.

If a 'Yes' answer in Part A, the proposed insured is not eligible for Foresters PlanRight. Do not complete or submit this Application. If all 'No' answers, complete Part B.

Part B. Complete all questions and circle the condition(s) to which each 'Yes' answer, if any, applies.

- Has the proposed insured:
 - Within the past 12 months, had treatment or counseling for alcohol, drug or substance abuse or addiction? Yes. No.
 - Within the past 2 years, had heart or circulatory surgery, or had or been diagnosed as having a heart attack, congestive heart failure, cardiomyopathy, stroke, Transient Ischemic Attack (TIA), aneurysm, or a brain tumor? Yes. No.
 - Within the past 2 years, been diagnosed with or had treatment for insulin shock, diabetic coma, or had an amputation due to complications of diabetes? Yes. No.
 - Within the past 3 years, been diagnosed with or had treatment for cancer (excluding basal skin cancer)? Yes. No.

If a 'Yes' answer in Part B, select Foresters PlanRight (With a modified death benefit) in Section 6. If all 'No' answers, complete Part C.

Part C. Complete all questions and circle the condition(s) to which each 'Yes' answer, if any, applies.

- Within the past 2 years has the proposed insured been diagnosed with, prescribed medication for, or had or been advised to have treatment for:
 - Parkinson's disease or Systemic Lupus (SLE)? Yes. No.
 - Cirrhosis of the liver, chronic hepatitis or other liver disorder, kidney failure, or other chronic kidney disease? Yes. No.
 - Chronic Obstructive Pulmonary Disease (COPD) or emphysema? Yes. No.

If a 'Yes' answer in Part C, select Foresters PlanRight (With a graded death benefit) in Section 6. If all 'No' answers, select Foresters PlanRight (With a level death benefit) in Section 6.