

Application for Whole Life Insurance

3. Health questions

A. Modified benefit plan

If you answered "yes" to any questions in Section A, you are not eligible for insurance coverage.

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| 1. Do any of the following apply to you? | | |
| A. currently hospitalized, in a nursing facility, confined to a bed, receiving hospice care | <input type="radio"/> Y | <input type="radio"/> N |
| B. require use of oxygen for any lung or respiratory disorder | <input type="radio"/> Y | <input type="radio"/> N |
| C. have been diagnosed by a medical professional to have an aneurysm that has not been surgically repaired | <input type="radio"/> Y | <input type="radio"/> N |
| 2. At any time have you been diagnosed or treated by a medical professional or had surgery for any of the following? | | |
| A. any condition requiring bone marrow, stem cell, or organ transplant | <input type="radio"/> Y | <input type="radio"/> N |
| B. kidney disease requiring dialysis | <input type="radio"/> Y | <input type="radio"/> N |
| C. Alzheimer's Disease, dementia, mental incapacity | <input type="radio"/> Y | <input type="radio"/> N |
| D. Lou Gehrig's Disease (ALS) | <input type="radio"/> Y | <input type="radio"/> N |
| E. a life expectancy of 12 months or less | <input type="radio"/> Y | <input type="radio"/> N |
| F. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), tested positive for the Human Immunodeficiency Virus (HIV) | <input type="radio"/> Y | <input type="radio"/> N |

B. Graded benefit plan

If you answered "yes" to any questions in Section B, you qualify for the Modified benefit plan.

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| 3. Do you have diabetes? | | |
| A. diagnosed by a medical professional before age 40 | <input type="radio"/> Y | <input type="radio"/> N |
| B. in combination with any heart or circulatory disorder diagnosed by a medical professional (excluding high blood pressure) | <input type="radio"/> Y | <input type="radio"/> N |
| C. requiring 40 or more units of insulin daily | <input type="radio"/> Y | <input type="radio"/> N |
| 4. Within the past 12 months, have you been diagnosed or treated by a medical professional or had surgery for any of the following? | | |
| A. heart attack, heart valve disorder, heart blockage, stroke or transient ischemic attack (TIA) | <input type="radio"/> Y | <input type="radio"/> N |
| B. any lung or respiratory disorder requiring the use of a nebulizer | <input type="radio"/> Y | <input type="radio"/> N |
| C. any lung or respiratory disorder and currently use tobacco | <input type="radio"/> Y | <input type="radio"/> N |
| D. internal cancer, melanoma, lymphoma, multiple myeloma, leukemia, systemic lupus (SLE) | <input type="radio"/> Y | <input type="radio"/> N |
| E. chronic pancreatitis, chronic hepatitis, cirrhosis | <input type="radio"/> Y | <input type="radio"/> N |
| 5. Within the past 12 months, have you been recommended by a medical professional to have any of the following? | | |
| A. treatment or counseling for alcohol or drug abuse | <input type="radio"/> Y | <input type="radio"/> N |
| B. test, surgery, treatment or further evaluation that has not been performed or are there any test results pending | <input type="radio"/> Y | <input type="radio"/> N |

C. Level benefit plan

If you answered "yes" to any questions in Section C, you qualify for the Graded benefit plan.

If you answered "no" to ALL questions in Section C, you qualify for the Level benefit plan.

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| 6. Within the past 24 months, have you been diagnosed or treated by a medical professional or had surgery for any of the following? | | |
| A. aneurysm, heart attack, any circulatory disorder, stroke or transient ischemic attack (TIA) | <input type="radio"/> Y | <input type="radio"/> N |
| B. emphysema, chronic obstructive pulmonary disease (COPD) | <input type="radio"/> Y | <input type="radio"/> N |
| C. internal cancer, melanoma, leukemia | <input type="radio"/> Y | <input type="radio"/> N |
| D. neuromuscular disorder including, but not limited to, cerebral palsy, multiple sclerosis, muscular dystrophy | <input type="radio"/> Y | <input type="radio"/> N |
| E. any connective tissue disorder, ulcerative colitis, Crohn's disease | <input type="radio"/> Y | <input type="radio"/> N |
| 7. At any time, have you been diagnosed or treated by a medical professional or had surgery for any of the following? | | |
| A. congestive heart failure, cardiomyopathy, Parkinson's disease | <input type="radio"/> Y | <input type="radio"/> N |
| B. any permanent paralysis, amputation caused by disease | <input type="radio"/> Y | <input type="radio"/> N |
| 8. Are you dependent on a wheelchair or motorized mobility device? | <input type="radio"/> Y | <input type="radio"/> N |