

If any question in Section C is answered "Yes," NO COVERAGE CAN BE ISSUED. If height and weight exceeds maximum range for this product, no coverage can be issued.

ANSWER FOR  
PROPOSED INSURED

Section C —

1. What is your height and weight?	H_____ W_____
2. Have you had, or been medically advised to have, an organ transplant, or have you been medically diagnosed as having a terminal illness or life expectancy of 12 months or less, or have you been diagnosed, treated (including dialysis) or taken medication for chronic kidney disease or kidney (renal) insufficiency or kidney or liver failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV) ? If treatment or diagnosis was not confirmed by a positive test result from a enzyme-linked immunoassay (ELISA) test and a positive supplemental test such as a Western Blot Test and you have not developed symptoms of the disease AIDS, you may answer this question "NO."	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently: hospitalized, confined to a bed or nursing facility, or using oxygen equipment to assist in breathing, or receiving Hospice Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been treated for insulin shock, diabetic coma, or ever taken insulin shots prior to the age of 50?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been medically diagnosed, treated, or taken medication for: congestive heart failure (CHF), cardiomyopathy, Alzheimer's, dementia, schizophrenia, bipolar disorder, mental incapacity, Lou Gehrig's disease (ALS), or Huntington's disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Within the past 24 months, have you been confined more than twice to a hospital, nursing facility, convalescent care facility, assisted living facility, mental facility or Hospice Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Within the past 24 months, have you been diagnosed with internal cancer or melanoma, or have had more than one occurrence of any cancer in your lifetime (excluding basal or squamous cell skin cancer), or are you currently being treated for cancer, or reoccurrence of cancer, amputation caused by disease, stroke or transient ischemic attack (TIA), or leukemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Within the past 24 months have you:	
a. been medically diagnosed, treated or taken medication for: angina, chronic hepatitis, cystic fibrosis, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema or required oxygen equipment to assist in breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. been diagnosed as having, been treated for or hospitalized for: heart attack, heart disease, heart or circulatory surgery (including pacemaker, by-pass, heart valve replacement, angioplasty or stent implant), uncontrolled high blood pressure or any procedure to improve circulation to the heart or brain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. had Hodgkin's Disease, cirrhosis, liver disease, lymphoma, or systemic lupus (SLE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. had any neuromuscular disease (including cerebral palsy, multiple sclerosis, grand mal seizures, or Parkinson's disease)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Within the past 10 years, have you been convicted of a felony or are you currently on parole or on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Within the last 5 years have you been treated for, been advised to have treatment for, or excessively used, alcohol or any drugs of abuse, or have you been convicted of operating a vehicle while impaired or under the influence of alcohol or any drugs, or had your driver's license suspended or revoked, or attempted suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you been declined or postponed for Life or Health Insurance in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you, or have you been disabled in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SAMPLE