Health / Life Insurance Underwriting Questionnaire

1. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? Yes No

2. Do you use marijuana or tobacco products (includes smoking, chewing, other applications of THC or nicotine)? Yes No If yes, please specify what product(s), how often used, and for how long you have used it/them.

3. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? Yes No

4. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs or does anyone to be covered currently have a suspended or revoked driver's license? Yes No

5. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? Yes No

6. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? Yes No

7. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for any of the following conditions?

- ☐ Alcohol or drug abuse
- ☐ Any disease, disorder or abnormality of the circulatory system, including, but not limited to, stroke, TIA, arterial blockage, or cerebral vascular insufficiency
- ☐ Any disease, disorder, or abnormality of the heart including, but not limited to, cardiomyopathy, Heart Attack, or congenital heart disease (excluding surgically corrected atrial septal defect)
- ☐ Atrial fibrillation
- ☐ Chronic lung disease (excluding asthma)
- ☐ Chronic obstructive pulmonary disease (COPD)
- ☐ Coronary artery disease and used tobacco after diagnosis
- ☐ Diabetes and used tobacco after diagnosis
- ☐ Diabetes treated with insulin
- ☐ Diabetes with complications to include nephropathy, neuropathy, or retinopathy
- ☐ Emphysema
- ☐ Heart attack
- ☐ Heart surgery

- ☐ Impaired kidney function
- ☐ Implant of pacemaker/defibrillator
- ☐ Internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)
- ☐ Kidney disease or disorder (excluding stones or acute infection) or kidney failure
- ☐ Liver disease or disorder (excluding Hepatitis A)
- ☐ Melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)
- ☐ Multiple sclerosis
- ☐ Pulmonary fibrosis
- ☐ Sickle cell anemia
- ☐ Stroke/TIA
- ☐ Systemic lupus

8. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for:

- ☐ AIDS
- ☐ cardiomyopathy
- ☐ chronic or relapsing pancreatitis
- ☐ chronic renal failure
- ☐ cirrhosis of liver
- ☐ congestive heart failure
- ☐ coronary artery disease – more than two vessels
- ☐ cystic fibrosis
- ☐ diabetes (Type II) diagnosed prior to age 30 (excluding gestational)
- ☐ end stage renal failure
- ☐ heart attack prior to age 40
- ☐ heart valve replacement or correction
- ☐ HIV-positive diagnosis
- ☐ Parkinson's disease
- ☐ renal hypertension
- ☐ terminal condition

9. Is anyone to be covered currently disabled due to sickness or injury or in the last two years, has anyone to be covered been hospitalized two or more times or had surgery recommended that has not yet been performed? Yes No

10. In the last two years, has anyone to be covered been advised by a member of the medical profession to undergo a procedure, test, analysis, or study that has not been scheduled, is scheduled but not yet performed, or has been performed but the results of which are not yet known? (Examples: MRI, biopsy, heart stress, blood/urine, sleep study, etc.) Yes No

11. Within the last five years, have you had, or do you currently have, any condition for which any medical procedure (including but not limited to surgery, child delivery, or

organ or bone marrow transplant) has been planned or the possibility of which has been discussed with medical personnel? Yes No

12. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? Yes No

13. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory, or neurological disorder or disease, depression, blood disorders, or a tumor or cancer? Yes No

14. Details to Questions 9-13

	Name of Medical Condition	Onset (mo/yr)	Procedure or Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Q. 9.				
Q. 10.				
Q. 11.				
Q. 12				
Q. 13				

15. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? If yes, please provide complete information below: Yes No

Frequency of Intake	Medical Condition Taken For	Name of Medication	Date First Prescribed

16. Within the last two years, has anyone to be covered received chemotherapy treatment by a member of the medical profession for any medical condition, not to include hormonal treatment for cancer? Yes No

17. Within the last 12 months, has anyone to be covered been prescribed or received treatment with blood thinners, not including aspirin, by a member of the medical profession? Yes No

18. Within the last 12 months, has anyone to be covered received treatment by a member of the medical profession in an emergency room or hospital for hypertension/high blood pressure (not related to pregnancy), or had a medication change to improve blood pressure readings? Yes No

19. Within the last six months, has anyone to be covered had or received treatment by a member of the medical profession for chest pain, shortness of breath, blackouts, fainting, or dizziness, or been advised by a member of the medical profession to have diagnostic tests to evaluate these symptoms? Yes No

20. Please list your height and weight: Height: ft. in. Weight: lbs.

21. Is anyone to be covered the mother or father of a child currently conceived but as yet unborn?

22. Is anyone to be covered currently confined in a hospital or nursing home, or has hospitalization been recommended by a Physician? Yes No

23. In the last five years has anyone to be covered been treated with dialysis (not to include an acute event) or been diagnosed with or treated by a member of the medical profession for chronic kidney disease to include glomerulonephritis, nephritic syndrome, nephrotic syndrome, or polycystic kidney disease? Yes No

24. In the last five years has anyone to be covered required the use of oxygen for a chronic respiratory disease/disorder, excluding the use of a CPAP machine for the treatment of sleep apnea? Yes No

25. In the last five years, has anyone to be covered been treated by a member of the medical profession for heart valve surgery? Yes No

26. In the last 12 months, has anyone to be covered received treatment in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit (not including treatment as a result of an accident)? Yes No

27. In the last 12 months, has anyone to be covered been prescribed or taken any medication for the treatment of infertility? Yes No