

QUESTIONS YOU MAY BE ASKED WHEN APPLYING FOR LIFE INSURANCE

Here are some questions you may be asked when you speak with the underwriting representative:

Replacement / Financing

- Are you applying for or requesting reinstatement or a change of any other life or health insurance policy?
- Will values from any other policy be used to help pay initial or future premiums on this policy?
- Would this insurance replace or cause a change in any existing insurance or annuity in any company?

Non-Medical

- Within the last 2 years, have you done or do you plan to do the following:
 1. Operate or have any duties aboard an aircraft, glider, balloon or similar device?
 2. Participate in hazardous sports, such as auto, motorcycle, snowmobile or powerboat competitions/exhibitions, SCUBA diving, mountain climbing, parachuting, skydiving or any other such sport or hobby?
- In the last 3 years, have you:
 1. Had a driver's license denied, suspended or revoked?
 2. Been convicted of or cited for 3 or more moving violations?
 3. Been convicted of or cited for driving under the influence of alcohol or drugs?
 4. Been involved as a driver in 2 or more auto accidents?
- Have you been convicted of or are you currently charged with the commission of any criminal offense other than the violation of a motor vehicle law within the last 10 years?
- Do you plan to live or travel outside the United States or Canada within the next 12 months?
- Have you ever used tobacco or other nicotine products such as cigarettes, cigars, pipe, chewing tobacco, snuff, nicotine gum or nicotine patch?

Family History

- What is your mother's age if living or date of death?
Cause of death?
- What is your father's age if living or date of death?
Cause of death?
- Do you have any brothers or sisters living or deceased?
Cause of death?

Other

Depending on your situation and the type of coverage for which you are applying, you may be asked additional questions about your:

- finances
- children
- family insurance
- military history

Last Visited Physician Information

Physician Name

Clinic Name

Full Address

Phone

Date of last visit

Reason for last visit

Primary Physician Information

Is your primary physician the same as the last physician consulted?
If not, provide:

Physician Name

Clinic Name

Full Address

Phone

Diagnosis/Treatment/History

- Have you been diagnosed with or treated for:
 1. Chest pain, or any disorder of the heart or blood vessels?
 2. High blood pressure?
 3. Cancer, Tumor, Leukemia, Melanoma or Lymphoma?
 4. Diabetes or high blood sugar?
 5. Mental or psychiatric illness?
 6. Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)?
 7. Infections caused by the Human Immunodeficiency Virus (HIV)?
 8. Any sexually transmitted diseases?
 9. Asthma or any disorder of the lungs?
 10. Any disorder of the brain or nervous system?
 11. Any other surgeries or diagnosis not mentioned above?

If your response is "yes" to any of the questions above: You will be asked to provide additional information, including complete doctor information, medications, and dosages. (Use the other side of this sheet to record them.)

- Have you:
 1. Used or are you now using cocaine, amphetamines, marijuana, heroin, or other drugs, except as prescribed by a member of the medical profession?
 2. Had or been advised to have treatment or counseling for alcohol or drug abuse?

