

**WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

**Part B**

1. a. Has any Proposed Insured ever had an application for life insurance or annuity contract declined, postponed, rated or had an application issued other than as applied for?  Yes  No  
b. If declined, was it within the past 12 months?  Yes  No
2. Has the applicant, Proposed Insured, Proposed Owner or Proposed Beneficiary:
- a. Entered into, or planned to enter into, any agreement or contract to sell or assign the ownership of, or a beneficial interest in the applied for policy?  Yes  No
- b. Promised or agreed to give or has given to any party to the application, or has any party to the application received or will receive from any person, any inducement, fee or compensation as an incentive to purchase the policy?  Yes  No
- c. Sold, transferred or assigned any life insurance policy to a third party, such as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider?  Yes  No
- d. Ever received any inducement, fee or compensation as an incentive to purchase, sell, transfer or assign a policy?  Yes  No
3. Has any Proposed Insured ever tested positive for exposure to the HIV infection/HIV antibodies in a test taken for the purpose of obtaining insurance or ever been diagnosed by a physician as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?  Yes  No
4. In the past 5 years, has any Proposed Insured ever received or claimed disability or a pension for any injury, sickness or impaired condition or filed or received benefits under a Living Benefits Rider?  Yes  No
5. Other than as a passenger, has any Proposed Insured participated in any aviation activity in the past 5 years, or does she/he plan to participate in such activity in the next two years?  Yes  No
6. In the past 5 years, has any Proposed Insured engaged in: parachuting, hand gliding, vehicle racing, scuba diving below 60 feet, or mountain climbing?  Yes  No
7. Does any Proposed Insured have any intention of traveling or living outside the USA or Canada in the next 2 years?  Yes  No
8. In the past 5 years, has any Proposed Insured
- a. been convicted of driving under the influence of drugs?  Yes  No
- b. been convicted of driving under the influence of alcohol?  Yes  No
- c. had a driver's license suspended or revoked, or had 2 or more moving violations?  Yes  No
9. In the past 10 years, has any Proposed Insured used
- a. marijuana, cocaine, heroin, barbiturates, hallucinogens, or amphetamines, unless on the advice of a physician, or received advice from a medical professional, counseling or treatment as the result of the use of drugs; or used or been convicted for the use or possession of any narcotic, stimulant, sedative, or hallucinogenic drug?  Yes  No
- b. been convicted for the use or possession of alcohol; or received advice from a medical professional, counseling or treatment as the result of the use of alcohol?  Yes  No
10. In the past 10 years, has any Proposed Insured been convicted of a felony? (If "Yes", provide details)  Yes  No
11. a. What is the Primary Proposed Insured's current height? \_\_\_\_\_  
b. What is the Primary Proposed Insured's current weight? \_\_\_\_\_  
c. Has the Primary Proposed Insured's weight changed more than 10 lbs. in the last year?  Yes  No
12. Does the Primary Proposed Insured (PPI) currently use tobacco or nicotine in any form, or has the PPI used tobacco or nicotine in any form in the last 12 months?  Yes  No
13. Is the Primary Proposed Insured a former user of tobacco or nicotine?  Yes  No
- Amount used/frequency \_\_\_\_\_  
Date last used (month/year) \_\_\_\_\_  
Other comments: \_\_\_\_\_
14. For any Proposed Insured:
- a. List all Medications, prescribed by a member of the medical profession, currently taking and the related medical condition:
- b. Are any of these medications being taken for chronic pain?  Yes  No
15. For any Proposed Insured, have any surgeries or tests been recommended by a member of the medical profession or planned at the time of this application?  Yes  No
16. Has any Proposed Insured ever been tested positive, diagnosed or treated by a member of the medical profession for:
- a. high blood pressure, chest pain or pressure, angina, heart attack, abnormal heartbeat, congestive heart failure, murmur, stroke, or any other circulatory system disorder?  Yes  No
- b. cancer, Hodgkin's disease, leukemia, or any tumor or polyp?  Yes  No
- c. nervous breakdown, psychosis, depression, anxiety, post-traumatic stress disorder, obsessive compulsive disorder, bipolar, schizophrenia, suicidal thoughts or any other mental nervous disorders?  Yes  No
17. In the past 5 years: Has any Proposed Insured ever been diagnosed or treated by a member of the medical profession for:
- a. Epilepsy, convulsions, seizures, severe headaches/migraines, paralysis, or any other neurological disorders?  Yes  No
- b. Diabetes, pre-diabetes, anemia, polycythemia, hemophilia, liver disease, disorder or enlargement of any gland, including lymph glands?  Yes  No
- c. Persistent fever, cough, diarrhea, weakness or infection, asthma, bronchitis, emphysema, tuberculosis, pneumonia, chronic obstructive pulmonary disease (COPD) or any infection or other disorder of the respiratory system?  Yes  No
- d. Auto-immune and related disorders to include Ankylosing spondylitis, celiac disease, lupus, Lyme disease, multiple sclerosis, arthritis, sarcoidosis or other not listed?  Yes  No

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY**

P.O. Box 659567, San Antonio, Texas 78265-9567 • 2211 N.E. Loop 410, San Antonio, Texas 78217 • Phone: (800) 701-3869 or (210) 357-2222

**Individual Life Insurance**

**HYPERTENSION QUESTIONNAIRE**

(To be completed by the Proposed Insured. Explain fully all "Yes" answers. Include specific diagnosis, treatments, results, dates of onset & recovery, and names & addresses of all members of the medical profession and hospitals.)

Proposed Insured: \_\_\_\_\_ Birthdate: \_\_\_\_\_

1. When were you first diagnosed by a member of the medical profession with hypertension? \_\_\_\_\_

2. Treating member of the medical profession's Name: \_\_\_\_\_

Address: \_\_\_\_\_

3. How often do you consult this member of the medical profession for check-ups? \_\_\_\_\_

4. When was your last blood pressure check? \_\_\_\_\_

5. What was your last blood pressure reading? \_\_\_\_\_

6. Are you on any medication for this condition?  Yes  No If yes, give name(s) and dosage(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FRAUD WARNINGS**

**CA - FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRED THE FOLLOWING TO APPEAR ON THIS FORM:**

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DC: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

All other states: Any person who, with intent to defraud or knowing that she/he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

I represent that all statements and answers are complete and true. I agree that they shall form a part of my application.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
(Day) (Month) (Year)

Witness

Proposed Insured's Signature

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**DIABETIC QUESTIONNAIRE**

(To be completed by the Proposed Insured. Explain fully all "Yes" answers. Include specific diagnosis, treatments, results, dates of onset & recovery, and names & addresses of all members of the medical profession and hospitals.)

Proposed Insured: \_\_\_\_\_ Birthdate: \_\_\_\_\_

1. Date diabetes diagnosed by a member of the medical profession? \_\_\_\_\_

2. Treating member of the medical profession's Name: \_\_\_\_\_

Address: \_\_\_\_\_

3. How often do you consult this member of the medical profession for check-ups?  
\_\_\_\_\_

4. What type of medication are you taking for this condition? Insulin (type, dosage) \_\_\_\_\_

Oral medication (type, dosage) \_\_\_\_\_ Other (type, dosage) \_\_\_\_\_

Diet Controlled \_\_\_\_\_

5. Have you ever been diagnosed with or treated by a member of the medical profession for any diabetic comas or insulin reactions? \_\_\_\_\_ If yes, state which and frequency: \_\_\_\_\_

6. Do you follow a diabetic diet? \_\_\_\_\_ Exercise program? \_\_\_\_\_

7. How often do you check your blood sugar levels? \_\_\_\_\_ Most recent check: \_\_\_\_\_

Fasting Blood sugar reading: \_\_\_\_\_ Date: \_\_\_\_\_ Hgb A1c reading: \_\_\_\_\_ Date: \_\_\_\_\_

8. What has been your average fasting blood sugar and Hgb A1c results the last 12 months?

Blood sugar average: \_\_\_\_\_ Hgb A1c average: \_\_\_\_\_

9. Have you had a change in diabetes medication or insulin in the last 6 months? \_\_\_\_\_

If yes, please provide details. \_\_\_\_\_

10. In the past 5 years, have you had an electrocardiogram, other cardiac tests or chest x-ray? \_\_\_\_\_

If yes, give dates, names and address of members of the medical profession involved and results:  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you ever been diagnosed with or treated by a member of the medical profession for:

Heart Trouble? \_\_\_\_\_ Chest Pain? \_\_\_\_\_ Eye Trouble? \_\_\_\_\_ Albumin in urine? \_\_\_\_\_

High blood pressure? \_\_\_\_\_ Numbness or tingling sensation in limbs? \_\_\_\_\_

Kidney disease? \_\_\_\_\_ Any other condition related to diabetes? \_\_\_\_\_

Give full names and addresses of all members of the medical profession consulted for these conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_