

## Medical History Part 1

Have you been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for any of the following:

**A. Currently under the age of 18 with** autism, depression, bipolar disorder or schizophrenia?

Yes       No

**B. Prior to the age of 45 with** Heart Failure or Congestive Heart Failure?

Yes       No

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**C. Are you **currently**** hospitalized, bedridden, residing in a nursing home, assisted or long term care facility, receiving hospice or home health care; or been advised or planning to have surgery requiring general anesthesia?

Yes       No

*Home Health Care is defined as: Medical care provided by a medical professional, friends or family member including, but not limited to arranging medications, taking blood pressure or sugar readings, administering medications, wound care, feeding tube, etc.*

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**D. Have you **ever**** been diagnosed by a member of the medical profession or tested positive for Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or tested positive on an AIDS/HIV-related test?

Yes       No

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**E. Have you **ever**** been the recipient or been given medical advice by a member of the medical profession to be a recipient of stem-cell, tissue, bone marrow, or organ transplant (other than corneal)?

Yes       No

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Have you **ever** been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for any of the following:

**F. Alzheimer's, dementia, memory loss, mental incapacity, Lou Gehrig's disease (ALS), Downs Syndrome, Huntington's disease, sickle cell anemia, cystic fibrosis, pulmonary fibrosis, cerebral palsy or been diagnosed by a medical professional as having a terminal medical condition that is expected to result in death within the next 18 months?**

Yes       No

**G. Diabetic coma?**

Yes       No

**H. Amputation other than at the time of an accident or trauma?**

Yes       No

**I. Metastatic cancer, recurrent cancer, multiple cancers or cancer with lymph node involvement?**

Yes       No

**Medical  
History  
Part 1**  
*continued*

During the **last 2 years** have you been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for any of the following:

**J.** Cancer (other than basal cell carcinoma)?

**Yes**       **No**

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During the **last 2 years** have you:

**K.** Had testing by a medical professional for which the results have not been received, been non-compliant with physician orders regarding treatment plans, or been advised to have any diagnostic testing (other than for routine screening purposes), treatment, hospitalization or other procedure that has not been done?

**Yes**       **No**

**L.** Attempted suicide; been incarcerated, on probation, on parole, or convicted of or awaiting trial for a felony?

**Yes**       **No**

**M.** Been convicted for or plead no contest to reckless driving or operating while intoxicated (DWI/OWI/DUI) or had 3 or more moving violations?

**Yes**       **No**

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**i** If all questions in Part 1 are answered “No,” proceed to Part 2.

**i** If any question in Part 1 is answered “Yes”, you are not eligible for any coverage.

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## Medical History Part 2

Have you been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for any of the following:

**A. Prior to the age of 20 with Diabetes (other than gestational diabetes)?**

Yes       No

**B. Prior to the age of 26 with Crohn's Disease?**

Yes       No

**C. Prior to the age of 45 with Parkinson's Disease; Coronary Artery Disease, Peripheral Vascular Disease, or Cerebral Vascular Disease; Heart Attack, Transient Ischemic Attack (TIA), or Stroke; Cardiac Surgery, Bypass Surgery, Stent Implant, Angioplasty, Pacemaker or Defibrillator Implant, or Heart Valve Replacement?**

Yes       No

Have you **ever** been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for any of the following:

**D. Cirrhosis, heart failure, or congestive heart failure (CHF); or an aneurysm that has not been surgically corrected (still present)?**

Yes       No

**E. Hepatitis C?**

Yes       No

**E1. Has the Hepatitis C been cured?**

Cured       Not Cured

**E2. If cured, when was the last blood test (RNA PCR Titer) showing the Hepatitis C was cured?**

0-24 months after treatment ended

More than 24 months after treatment ended

If yes, proceed to E1 & E2.

*If the answer to E2 is 0-24 months, then the best rate class is Graded. If the answer is more than 24 months, then the best rate class is Standard and the answer counts as a "No" when referring to directions below.*

**F. During the last 4 years have you been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for cancer (other than basal cell carcinoma)?**

Yes       No

**G. During the last 2 years have you used illegal drugs or been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for alcoholism, alcohol use/abuse, drug use/abuse (including prescription drugs), muscular dystrophy, or systemic lupus erythematosus (SLE)?**

Yes       No

*If SLE has been in remission and there has been no treatment for more than two years, you may then answer this question "No" in regard to only the SLE.*

**Medical History**  
**Part 2**

*continued*

If "Yes", you are not eligible for the Nursing Home Option on the Accelerated Death Benefit Rider.

If yes, proceed to I1.

During the **last 2 years** have you:

**H.** Required assistance with activities of daily living (ADL's) such as bathing, dressing, eating, toileting, getting in and out of chair or bed, or do you have ongoing neurological incontinence or, has a medical professional recommended that you be confined to a Nursing Home?

**Yes**       **No**

**I.** Used a wheelchair, electric scooter or electric cart?

**Yes**       **No**

**I1.** If yes, provide details regarding use:

**Currently use or use occasionally at facilities such as, but not limited to, the grocery store, department stores, warehouse stores, airports**

**Reason for use is expected to resolve in the next 3 months or the reason for use has resolved**

*If the answer to I1 is "Reason for use...", count I as a "No" when referring to directions below.*

During the **last 1 year** have you been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for any of the following:

**J.** More than 6 seizures; or been diagnosed with, been treated for or advised to receive treatment for any liver disease (including but not limited to autoimmune hepatitis) other than cirrhosis or Hepatitis C that should have been noted in a prior question?

**Yes**       **No**

**K.** Heart attack, stroke (CVA) or transient ischemic attack (TIA)?

**Yes**       **No**

**L.** Used oxygen to assist in breathing (including for Sleep Apnea); received kidney dialysis; kidney failure or chronic kidney disease (stage 4 or 5); encephalitis; or have you been unemployed or disabled and been diagnosed with, treated for or been given medical advice by a member of the medical profession for chronic pain?

**Yes**       **No**

*Chronic Pain is defined as: Pain lasting more than 6 months or requiring 6 or more fills of narcotic pain prescriptions in any 12 month period.*

If yes for angina, proceed to M1.

**M.** Angina (chest pain); or had or been advised to have heart surgery of any kind including bypass surgery, angioplasty, stent implant or pacemaker implant; or had an aneurysm surgically corrected?

**Yes**       **No**

**M1.** When was the angina (chest pain) first diagnosed?

**0-12 months ago**

**13-24 months ago**

**Greater than 24 months ago**

*If the answer to M1 is 0-12 months, then the best rate class is Graded. If the answer is 13-24 months, then the best rate class is Standard. If the answer is greater than 24 months, count M as a "No" when referring to directions below.*

- (i)** If all questions in Part 2 are answered "No," proceed to Part 3.
- (i)** If one question in Part 2 is answered "Yes," you are potentially eligible for the Graded Death Benefit product.
- (i)** If two or more questions in Part 2 are answered "Yes," you are not eligible for any coverage.

**Medical  
History  
Part 3**

**A. Prior to the age of 45**, have you been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for cancer (other than Basal Cell)?

**Yes**       **No**

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Have you **ever** been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for any of the following:

**B. Bipolar disorder or schizophrenia?**

**Yes**       **No**

**C. Parkinson's disease, multiple sclerosis, systemic lupus erythematosus (SLE), sarcoidosis, Crohn's disease, ulcerative colitis, chronic obstructive pulmonary disease (COPD) including emphysema, chronic asthma, black lung or other chronic respiratory disease?**

**Yes**       **No**

*Chronic Asthma is defined as: Using inhalers year round on a daily or weekly basis, or filling prescriptions 6 or more times in any 12 month period.*

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During the **last 4 years** have you been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for any of the following:

**D. Kidney disease (stage 1, 2 or 3) or other kidney disorder?**

**Yes**       **No**

**E. Used illegal drugs; alcoholism, alcohol use/abuse, drug use/abuse, (including prescription drugs)?**

**Yes**       **No**

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During the **last 4 years** have you:

**F. Been convicted for or plead no contest to reckless driving or operating while intoxicated (DWI/OWI/DUI) or had 3 or more moving violations?**

**Yes**       **No**

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During the **last 2 years** have you been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for any of the following:

**G. Heart attack, stroke (CVA) or transient ischemic attack (TIA)?**

**Yes**       **No**

**H. Used insulin; had more than 6 seizures; spina bifida cystica, pancreatitis, tuberculosis; hepatitis B or other liver disease?**

**Yes**       **No**

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## Medical History Part 3

*continued*

If **yes** for angina, proceed to I1.

During the **last 2 years** have you been diagnosed with, treated for, tested positive for or been given medical advice by a member of the medical profession for any of the following:

**I.** Angina (chest pain); cardiomyopathy; vascular, circulatory or blood disorder (including anemia other than iron deficiency); heart surgery of any kind including bypass surgery, angioplasty, stent implant; irregular heart rhythm such as atrial fibrillation or heart murmur; had an aneurysm surgically corrected; or do you currently have a pacemaker/defibrillator?

**Yes**       **No**

**I1.** When was the angina (chest pain) first diagnosed?

- 0-12 months ago**  
 **13-24 months ago**  
 **Greater than 24 months ago**

*If the answer to I1 is 0-12 months, then the best rate class is Graded. If the answer is 13-24 months, then the best rate class is Standard. If the answer is greater than 24 months, count I as a "No" when referring to directions below.*

- (i)** If all questions in Part 3 are answered "No," you are potentially eligible for the Preferred product.
- (i)** If one question in Part 3 is answered "Yes," you are potentially eligible for the Standard product.
- (i)** If two or more questions in Part 3 are answered "Yes," you are potentially eligible for the Graded Death Benefit product.