

F. Physician Information

Primary Physician’s Name and Phone Number: _____

Physician’s Address: _____

G. Health Questions for Bronze, Silver, Gold Plans

- 1. Is the Proposed Insured currently hospitalized, bedridden due to disease, confined to a nursing facility, or receiving hospice or home health care? YES NO
- 2. Has the Proposed Insured tested positive for exposure to the HIV (Human Immunodeficiency Virus) infection or been diagnosed by a licensed member of the medical profession as having ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection or other sickness or condition derived from such infection?..... YES NO

H. Health Questions for Silver, Gold Plans

- 1. Has the Proposed Insured used any form of tobacco in the past 12 months other than chewing tobacco or snuff? YES NO
- 2. Is the Proposed Insured currently required to receive personal assistance with activities of daily living such as bathing, dressing, eating, taking medications, toileting or moving about?..... YES NO
- 3. Has the Proposed Insured ever had or been recommended by a member of the medical profession to have an Organ Transplant? YES NO
- 4. In the past two years has the Proposed Insured been diagnosed by a member of the medical profession:
 - i. with diabetes requiring insulin, been prescribed or used insulin for the treatment of diabetes, or been diagnosed with or treated for complications of diabetes, including Insulin Shock, Diabetic Coma, Retinopathy, Neuropathy, Amputation, or Kidney disorder?..... YES NO
 - ii. as requiring or undergone surgery for Heart Disease (including heart bypass), Angioplasty, Stent Placement, Peripheral Vascular Disease, or Amputation due to disease? YES NO
 - iii. as requiring or been prescribed oxygen to assist with breathing? YES NO
- 5. In the past two years has the Proposed Insured been diagnosed by a member of the medical profession with, treated for or prescribed medication for: Angina, Coronary Artery Disease, Heart Attack, Congestive Heart Failure, Cardiomyopathy, Atrial Fibrillation, Chronic Asthma, Chronic Bronchitis, Black Lung, Cystic Fibrosis, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Alzheimer’s, Dementia, Progressive Memory Loss, Aneurysm, Multiple Sclerosis, Parkinson’s Disease, Stroke, Systemic Lupus, Sickle Cell Anemia, Kidney Failure, Kidney Disease, Liver Disease, Hepatitis, or any form of cancer other than basal cell skin cancer? YES NO
- 6. In the past two years has the Proposed Insured used illegal drugs or marijuana, or received or been advised by a member of the medical profession to receive counseling or treatment for excessive use of alcohol or prescription drugs?..... YES NO
- 7. If the Proposed Insured is under the age of 25, has the Proposed Insured ever been diagnosed by a member of the medical profession with: Cerebral Palsy, Down Syndrome, Diabetes requiring insulin, Mental Retardation, Muscular Dystrophy or Spina Bifida? YES NO

I. Health Questions for Gold Plan

- 1. Please state the Proposed Insured’s: Height _____ and Weight _____.
- 2. In the past five years has the Proposed Insured been diagnosed by a member of the medical profession as requiring or undergone surgery for Heart Disease (including heart bypass), Angioplasty, Stent Placement, Peripheral Vascular Disease, or Amputation due to disease?..... YES NO
- 3. In the past five years has the Proposed Insured been diagnosed by a member of the medical profession with, treated for or prescribed medication for: Angina, Coronary Artery Disease, Heart Attack, Congestive Heart Failure, Cardiomyopathy, Atrial Fibrillation, Chronic Asthma, Chronic Bronchitis, Black Lung, Cystic Fibrosis, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Alzheimer’s, Dementia, Diabetes, Progressive Memory Loss, Bipolar Disorder, Schizophrenia, TIA (mini-strokes), Rheumatoid Arthritis, Aneurysm, Multiple Sclerosis, Parkinson’s Disease, Stroke, Systemic Lupus, Sickle Cell Anemia, Kidney Failure, Kidney Disease, Liver Disease, Hepatitis, or any form of cancer other than basal cell skin cancer? YES NO
- 4. In the past five years has the Proposed Insured used illegal drugs or marijuana, or received or been advised by a member of the medical profession to receive counseling or treatment for excessive use of alcohol or prescription drugs?..... YES NO
- 5. Has the Proposed Insured ever been diagnosed by a member of the medical profession with: Cerebral Palsy, Down Syndrome, Mental Retardation, Muscular Dystrophy or Spina Bifida? YES NO

J. Applicant Replacement Questions (If “Yes” complete required replacement forms.)

- Does the Applicant have any existing life insurance policies or annuity contracts? YES NO
- Will the insurance applied for replace, discontinue, or change any insurance or annuity now or recently in force? ... YES NO