

## SECTION 5 – Information Regarding Specific Insurance Plan

### 1. LIFE INSURANCE PLAN

- Simplified Issue Whole Life     Graded Death Benefit

### 2. RIDER

- Accelerated Living Benefit Rider (no additional premium; not available on face amounts below \$7,000)

3. FACE AMOUNT \$ \_\_\_\_\_

### 4. AUTOMATIC PREMIUM LOAN will be provided.

- No    Check if APL is NOT desired.

## SECTION 6 – Payment Information

If **Electronic Payment** is chosen, complete EFT form on page 4.

### 1. PAYMENT MODE (Check one)

- Direct bill:  Annual     Semi-Annual     Quarterly  
 Electronic payment:  Annual     Semi-Annual  
 Quarterly     Monthly     Payment with app \$ \_\_\_\_\_  
 Draft first payment    Payment quoted \$ \_\_\_\_\_

### 2. BILLING ADDRESS INFORMATION

- Proposed Insured's address     Primary Owner's address  
 Other Premium Payor's/Alternate billing address (details below)  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

## PART 2

## SECTION 1 – Physician Information

Please provide name of doctor, practitioner, or health care facility who can provide the most complete and up-to-date information concerning the present health of the Proposed Insured.

Physician name/Clinic \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

List all currently prescribed medications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SECTION 2 – Medical Questions

1. Has the proposed Insured used tobacco in any form in the last 12 months?  Yes     No

**If any answer to questions 2 through 7 is YES, the Proposed Insured is not eligible for ANY coverage.**

2. Is the Proposed Insured currently:  
 a. Hospitalized, in a nursing facility, or receiving Hospice Care?  Yes     No  
 b. Confined to a wheelchair, bed, or using oxygen equipment to assist in breathing?  Yes     No

3. Has a member of the medical profession ever diagnosed or treated the Proposed Insured for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any immune deficiency disease; or has the Proposed Insured tested positive for the Human Immunodeficiency Virus (HIV)?  Yes     No

4. Has the Proposed Insured ever been diagnosed as having or been treated for:  
 a. Congestive heart failure, or had or been recommended to have an organ transplant?  Yes     No  
 b. Insulin shock, diabetic coma, amputation caused by disease, or taken insulin shots prior to age 30?  Yes     No  
 c. Dementia, Alzheimer's Disease, or mental incapacity?  Yes     No

5. During the past 18 months has the Proposed Insured been diagnosed as having:  
 a. Stroke, aneurysm, cardiomyopathy, or circulatory surgery?  Yes     No  
 b. Angina (chest pain), heart attack or failure, or heart surgery?  Yes     No

6. During the past 24 months, has the Proposed Insured been diagnosed as having, or been treated for:  
 a. Internal Cancer, Melanoma, or Leukemia?  Yes     No  
 b. Cirrhosis, liver disease, kidney failure (including dialysis), chronic kidney disease, or systemic lupus?  Yes     No

7. During the past 18 months, has the Proposed Insured been diagnosed as having:  
 a. A condition expected to result in death within 12 months?  Yes     No  
 b. Been advised by a medical professional to have any diagnostic testing which has not been completed or for which the results have not been received?  Yes     No  
 c. Been recommended to have treatment or counseling for alcohol or drug abuse?  Yes     No

**If question 8 or 9 is YES, only Graded Death Benefit is available.**

8. During the past 24 months, has the Proposed Insured been diagnosed as having, or been treated for:  
 a. Stroke, angina (chest pain), heart attack, or cardiomyopathy?  Yes     No  
 b. Heart or circulatory surgery (including pacemaker, heart valve replacement, bypass, angioplasty, stent implant, or any procedure to improve circulation to the heart or brain)?  Yes     No

9. During the past 24 months, has the Proposed Insured been diagnosed as having, or been treated for:  
 a. Emphysema, chronic obstructive pulmonary disease (COPD), or tuberculosis (TB)?  Yes     No  
 b. Neuromuscular disease (including Multiple Sclerosis, Lou Gehrig's Disease, Epilepsy, or Parkinson's Disease)?  Yes     No



## Prescription Indicator for Simplified Issue and Graded Benefit Whole Life\* For Agent Use Only.

\*Royal Neighbors reserves the right to ask additional questions and take action on any medication (or combination of medications) not listed here, which may suggest treatment for a condition relating to one or more of the impairments specified in the application questions. This includes HIV/AIDS, organ transplant, and cancer treatment prescriptions which are too numerous to include here.

Medication Name	Prescribed, Refilled, or Taken Within Timeframe Below	— Eligibility (Action)
Acidinium bromide		2 yrs - GDB
Aldactone or Aldactazide (in combination with Coreg or Carvedilol)	Ever - Decline	
Amyl Nitrite	18 mos - Decline	19–24 mos - GDB
Anoro Ellipta		2 yrs - GDB
Arformoterol Tartrate		2 yrs - GDB
Aricept or Aricept ODT	Ever - Decline	
Atamet		2 yrs - GDB
Azilect		2 yrs - GDB
Bidil		2 yrs - GDB
Boceprevir	2 yrs - Decline	
Bromocriptine Mesylate		2 yrs - GDB
Brovana		2 yrs - GDB
Bumetanide or Bumex	2 yrs - Decline	
Carbidopa		2 yrs - GDB
Cerebyx		2 yrs - GDB
Cognex	Ever - Decline	
Combivent or Combivent Respimat		2 yrs - GDB
Comtan		2 yrs - GDB
Daliresp		2 yrs - GDB
Demadex	2 yrs - Decline	
Dilantin, Dilantin Infatabs, Dilantin-125		2 yrs - GDB
Dilatrate or Dilatrate SR	18 mos - Decline	19–24 mos - GDB
Donepezil HCL	Ever - Decline	
Duoneb		2 yrs - GDB
Edecrin or Sodium Edecrin	2 yrs - Decline	
Eldepryl		2 yrs - GDB
Ergoloid Mesylates	Ever - Decline	

## Prescription Indicator for Simplified Issue and Graded Benefit Whole Life\*

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Medication Name	Prescribed, Refilled, or Taken Within Timeframe Below	—	Eligibility (Action)
Ethacrynic Acid	2 yrs - Decline		
Ethotoin			2 yrs - GDB
Exelon	Ever - Decline		
Fosphenytoin sodium			2 yrs - GDB
Furosemide (in combination with Coreg or Carvedilol)	Ever – Decline		
Galantamine or Galantamine Hydrobromide	Ever - Decline		
Hydergine or Hydergine LC	Ever - Decline		
Imdur	18 mos - Decline		19–24 mos - GDB
Incivek	2 yrs - Decline		
Infergen or Interferon Alfacon	2 yrs - Decline		
Ipratropium Bromide or Ipratropium Bromide/Albut			2 yrs - GDB
Ismo	18 mos - Decline		19–24 mos - GDB
Isochron	18 mos - Decline		19–24 mos - GDB
IsoDitrage, Isoditrage ER	18 mos - Decline		19–24 mos - GDB
Isordil or Isordil Titrados	18 mos - Decline		19–24 mos - GDB
Isosorbide, Isosorbide Dinitrate, Isosorbide Mononitrate	18 mos - Decline		19–24 mos - GDB
Kemadrin			2 yrs - GDB
Keppra			2 yrs - GDB
Larodopa			2 yrs - GDB
Lasix (in combination with Coreg or Carvedilol)	Ever - Decline		
Levetiracetam			2 yrs - GDB
Levodopa			2 yrs - GDB
Lodosyn			2 yrs - GDB
Memantine	Ever - Decline		
Minitran	18 mos - Decline		19–24 mos - GDB
Monoket	18 mos - Decline		19–24 mos - GDB
Namenda, Namenda Titration Pak, Namenda XR	Ever - Decline		
Neupro			2 yrs - GDB
Nitro Patch, NitroQuick, Nitroglycerin Derivatives, Nitrek, Nitro-Bid, Nitro-Dur, Nitro-Time, Nitrogard	18 mos - Decline		19–24 mos - GDB

## Prescription Indicator for Simplified Issue and Graded Benefit Whole Life\*

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Medication Name	Prescribed, Refilled, or Taken Within Timeframe Below	— Eligibility (Action)
Olysio	2 yrs - Decline	
Parlodel		2 yrs - GDB
Peganone		2 yrs - GDB
Pegasys, Peginterferon, PEG-Intron Redipen, Pegasys Proclick	2 yrs - Decline	
Phenytoin or Phenytek		2 yrs - GDB
Procyclidine HCL		2 yrs - GDB
Ranexa or Ranolazine	18 mos - Decline	19–24 mos - GDB
Rasagiline		2 yrs - GDB
Razadyne or Razadyne ER	Ever - Decline	
Rebetron, Ribavirin, Ribasphere	2 yrs - Decline	
Reminyl	Ever - Decline	
Riluzole or Rilutek		2 yrs - GDB
Rivastigmine Tartrate	Ever - Decline	
Roflumilast		2 yrs - GDB
Rotigotine		2 yrs - GDB
Selegiline HCL		2 yrs - GDB
Simeprevir	2 yrs - Decline	
Sinemet or Sinemet CR		2 yrs - GDB
Sofosbuvir or Sovaldi	2 yrs - Decline	
Spiriva		2 yrs - GDB
Spironolactone (in combination with Coreg or Carvedilol)	Ever - Decline	
Tacrine	Ever - Decline	
Telaprevir	2 yrs - Decline	
Tiotropium Bromide		2 yrs - GDB
Torsemide	2 yrs - Decline	
Tudorza Pressair		2 yrs - GDB
Umeclidinium		2 yrs - GDB
Victrelis	2 yrs - Decline	
Vilanterol		2 yrs - GDB
Zelapar		2 yrs - GDB