

## 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

