

Simplified Issue Eligibility Questions

Employee Actively At Work. Is the employee actively at work now, for wage or profit, and has he/she worked at least 20 hours each week performing all duties of his/her regular occupation at his/her regular place of employment for at least the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy?

- Employee ☐ Yes ☐ No

Spouse Actively At Work. Is the employee's spouse actively at work now, for wage or profit, and has he/she worked at least 20 hours each week performing all duties of his/her regular occupation at his/her regular place of employment for at least the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy?

- Spouse ☐ Yes ☐ No

AIDS History. In the last 5 years, has the person(s) to be insured tested positive for exposure to the HIV infection or been diagnosed by a licensed health care practitioner as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) caused by the HIV infection or other sickness or condition derived from such infection?

- Employee ☐ Yes ☐ No
- Spouse ☐ Yes ☐ No
- Child(ren) ☐ Yes ☐ No

Recently Disabled/Hospitalized. In the last 6 months, has the person(s) to be insured been disabled or hospitalized for anything other than lacerations or broken bones due to an accident, or normal pregnancy?

- Employee ☐ Yes ☐ No
- Spouse ☐ Yes ☐ No
- Child(ren) ☐ Yes ☐ No

Chronic Disease History. In the last 2 years, has a licensed health care practitioner diagnosed or treated the person(s) to be insured for any of the following?

- Employee ☐ Yes ☐ No
- Spouse ☐ Yes ☐ No
- Child(ren) ☐ Yes ☐ No
 - Anemia (other than iron deficiency)
 - Anxiety, depression or other mental or nervous illness (that resulted in hospitalizations, disability from work, or suicide attempts)
 - Asthma (only if taking steroidal medication and/or have been hospitalized)
 - Cancer, except basal cell carcinoma
 - Diabetes

- Epilepsy and/or seizure disorder
- Heart attack, cardiomyopathy, congestive heart failure, heart murmur (and taking medication(s)), angioplasty, coronary artery bypass surgery, coronary artery disease, stent, pacemaker, heart valve replacement or any other heart disorder
- Hemophilia
- Hepatitis
- Kidney Disease/Disorder (including dialysis and/or chronic renal failure)
- Liver Disease/Disorder
- Lou Gehrig's Disease (ALS)
- Lung Disease/Disorder (other than asthma)
- Lupus
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's Disease, scleroderma, polymyositis, or fibromyalgia
- Stroke including aneurysm, transient ischemic attack (TIA), or arteriovenous malformation
- Transplant of any organ
- Counseling for, or excessive use of, alcohol or any type of drugs

Blood Pressure History. In the last year, has the person(s) to be insured had a systolic blood pressure reading higher than 150 more than once or a diastolic blood pressure reading higher than 100 more than once that was confirmed by a licensed health care practitioner?

- Employee ☐ Yes ☐ No
- Spouse ☐ Yes ☐ No
- Child(ren) ☐ Yes ☐ No

Driving History. In the last 3 years, has the person(s) to be insured had his/her driver's license suspended or revoked due to driving violations, been convicted of reckless driving or driving under the influence, been involved in 3 or more motor vehicle accidents, or received 3 or more moving violations?

- Employee ☐ Yes ☐ No
- Spouse ☐ Yes ☐ No
- Child(ren) ☐ Yes ☐ No
 - If yes, provide details including license number and state of issue.

Advised Medical Procedure History. In the last 5 years, has a licensed health care practitioner advised or recommended that the person(s) to be insured have any medical or surgical procedures (including organ transplant), which have not yet been performed?

- Employee ☐ Yes ☐ No
- Spouse ☐ Yes ☐ No
- Child(ren) ☐ Yes ☐ No

Provide height and weight.

- Employee: Height: ____ft. ____in Weight: ____lbs.
- Spouse: Height: ____ft. ____in Weight: ____lbs.
- Child: Height: ____ft. ____in Weight: ____lbs.

Physician Information. Provide the names and addresses of all physicians (or other licensed health care practitioners) for each person to be insured.

Required Health History. Provide health history for any yes answers to the underwriting questions (except questions about AIDS). Include physician's (or other licensed health care practitioners) name, address and telephone number: