

Client details

Lead type: Quote Request

Answers to medical and personal history questions

1. Does the Proposed Insured currently receive health care at home, or require assistance with activities of daily living such as bathing, dressing, feeding, taking medications or use of toilet?

No

2. Is the Proposed Insured currently in a Hospital, Psychiatric, Extended or Assisted Care, Nursing Facility?

No

3. Is the Proposed Insured currently in a Prison or Correctional facility due to a misdemeanor or felony conviction?

No

4. Has the Proposed Insured ever tested positive for the HIV virus or been diagnosed by a member of the medical profession as having AIDS or the AIDS Related Complex (ARC)?

No

5. Has the Proposed Insured ever tested positive for or been diagnosed by a member of the medical profession as having Alzheimer's or Dementia, Cirrhosis, Emphysema or Chronic Obstructive Pulmonary Disease (COPD)?

No

Has the Proposed Insured:

6a. In the past 12 months been advised by a physician to be hospitalized or to have Diagnostic Tests, Surgery, or any medical procedure that has not yet been completed or for which the results are not yet available, except those tests related to the Human Immunodeficiency Virus (AIDS)?

No

6b. In the past 24 months been diagnosed as having or advised by a physician to have treatment for Cancer (other than Basal Cell Carcinoma), Heart Attack, Stroke or TIA (Transient Ischemic Attack), Alcohol or Drug Abuse?

No

6c. In the past 24 months had a Driver's License revoked or suspended, or been convicted of 2 or more moving violations, or been convicted of a violation for driving while intoxicated or under the influence, or for driving while ability impaired because of the use of alcohol and/or drugs?

No

In Force/Replacement Application

7. Do you currently have any in for life insurance or annuity contracts?

No

Additional Medical and Personal History Questions:

1. Are you currently disabled and/or receiving disability benefits?

No

In the past 10 years, have you consulted or been given medical advice by a member of the medical profession for:

a. Cancer (other than Basal Cell or Squamous Cell skin cancer), Malignant Tumor, Lymphoma or Leukemia?

No

b. Stroke, Transient Ischemic Attack (TIA)?

No

c. Heart Disease including Coronary Artery Disease, Heart Attack, Heart Failure and Irregular Heartbeat, or Vascular Disease involving the Arteries?

No

In the past 5 years, have you consulted or been given medical advice by a member of the medical profession for:

a. Parkinson's Disease, Cerebral Palsy, Seizures, Paralysis, Multiple Sclerosis, or any Loss of Memory or Mental Capacity?

No

b. Kidney Disease?

No

c. Any Lung or Breathing Disorder including Asthma, Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, and Sleep Apnea?

No

d. Depression, Bipolar Disorder, Anxiety or any other Psychiatric Disorder?

No

e. Rheumatoid Arthritis (not Osteoarthritis), Systemic Lupus (SLE), Progressive Systemic Sclerosis (PSS or Scleroderma), or Polymyositis?

No

f. Hepatitis or other Liver Disorder, Crohn's Disease, Ulcerative Colitis, or a Disorder of the Pancreas?

No

g. High Blood Pressure (Hypertension)?

No

h. Diabetes, Immune System Disorder (other than related to HIV infection) or Blood Disorder?

No

i. Have you had any weight loss in the last 12 months?

No

j. Have you ever used tobacco?

No

k. Any other medical conditions, disorders or diseases in the last 5 years?

No

Please answer the following questions:

1. In the past 5 years, have you used illegal drugs, consulted a member of the medical profession or been treated, hospitalized, or taken medication for abuse of alcohol or drugs (including prescription drugs)?

No

2. In the past 5 years, have you been convicted of a felony?

No

3. In the past 5 years have you received workers compensation, social security or disability income payments?

No

4. In the past 10 years have you consumed alcoholic beverages?

No

5. Family History

| Family member | Living | Cause of death | Age of death |
|---------------|--------|----------------|--------------|
| Mother | yes | - | - |
| Father | yes | - | - |
| Sister(s) | yes | - | - |
| Brother(s) | yes | - | - |

6. Family history, for parents and siblings, no history of heart attack, stroke or cancer prior to age 60?

No

7. In the past 24 months have you participated in Parachuting, Ballooning, Hang Gliding, Motorized Racing, Rock Climbing, Mountaineering, Rodeo, or Scuba Diving?

No

8. In the past 24 months have you flown, or in the next 24 months do you intend to fly as a pilot, student pilot, or crew member on any aircraft, (other than scheduled commercial flights)?

No

9. Are you a US citizen?

Yes

Beneficiaries

| # | First name | Last name | Relationship | Perc(%) | Street | City | State | Zip code |
|---|------------|-----------|--------------|---------|------------|--------|-------|----------|
| 1 | FName 1 | LName 1 | Spouse | 90 | SAddress 1 | City 1 | CA | 12345 |