

# 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

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### 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

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### In Force/Replacement Application

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

No

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