



**brightpeak financial**  
**Health & Behavior Questions**  
**Supplement to Application**

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"You", "your" and "yourself" in on this form refers to the proposed insured.

**A Declaration of Insurability**

1. In the past 10 years, have you been convicted of a felony, or do you have any felony charges currently pending? ☐ Yes ☐ No
2. In the past 5 years, have you been convicted of operating a motor vehicle while under the influence of alcohol or drugs or been convicted of a moving violation, been involved in any accident in which you were found to be at fault, or had your license restricted or revoked? ☐ Yes ☐ No
3. In the past 2 years, or within the next 2 years, are you or do you expect to become a pilot, a student pilot or crew member of any aircraft, including private pilot? ☐ Yes ☐ No
4. In the past 2 years, or within the next 2 years, have you taken part in or do you intend to take part in skin or scuba diving, hang gliding, parasailing, skydiving, ballooning, rock or mountain climbing, or organized racing by automobile, motorboat, motorcycle, or snowmobile? ☐ Yes ☐ No
5. What is your height? \_\_\_\_\_ feet \_\_\_\_\_ inches
6. What is your weight? \_\_\_\_\_ pounds
7. Have any of your immediate family members (biological parents, biological siblings) ever been diagnosed by a member of the medical profession with cancer, heart disease, diabetes, kidney disease, vascular disease, high blood pressure, attempted suicide, or mental illness? ☐ Yes ☐ No ☐ Unknown
8. Have you used tobacco or other nicotine-containing products, including e-cigarettes and non-prescription smoking cessation aids? ☐ Yes ☐ No

If Yes: Select all that apply:

☐ Cigarettes

If Checked: When?

- ☐ In the last 12 months
- ☐ Between 12 and 24 months ago
- ☐ More than 2 years ago

☐ Cigars/Pipe

If Checked: When?

- ☐ In the last 12 months
- ☐ Between 12 and 24 months ago
- ☐ More than 2 years ago

☐ Other (Pipe, Chewing Tobacco, E-Cigarettes, Patch, Gum, Hookah, Snus, Snuf, Smoking Cessation Aids)

*If Checked: When?*

- ☐ In the last 12 months
- ☐ Between 12 and 24 months ago
- ☐ More than 2 years ago

9. In the last 12 months, have you used a prescription medication to assist with smoking cessation or as a substitute for smoking (e.g., Chantix, Wellbutrin, etc.)? ☐ Yes ☐ No
10. In the last 10 years, have you received medical treatment, been a member of any self-help group such as Alcoholics Anonymous or Narcotics Anonymous, or been counseled for alcohol or drug abuse or been advised by a member of the medical profession to reduce the use of alcohol or drugs? ☐ Yes ☐ No
11. [Are you currently pregnant? ☐ Yes ☐ No]
12. In the past 10 years, have you been diagnosed, treated, tested positive for, or been given medical advice by a medical professional for a disease or disorder noted below (check all that apply):
- ☐ Chest pain, heart attack, high blood pressure, heart murmur, palpitations or any other disorder of the heart,
  - ☐ Elevated cholesterol or triglyceride levels?
  - ☐ Any malignant tumor or cancer including skin cancer, leukemia, and/or lymphoma?
  - ☐ A disorder of the blood, spleen or immune system including anemia, blood clots, bleeding, or immune deficiency (except those related to Human Immunodeficiency Virus (AIDS virus))?
  - ☐ A disorder of the brain, spinal cord or nervous system including seizures, tremors, paralysis, dizziness, fainting, headaches, brain tumor, brain aneurysm or bleeding, multiple sclerosis, stroke, or TIA (transient ischemic attack)?
  - ☐ Depression, anxiety, nervousness, stress, psychosis, suicide thoughts or attempts, eating disorder, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, bipolar disorder, attention deficit hyperactivity disorder (ADHD), or other emotional or mental disorder?
  - ☐ A disorder of the eyes, ears, nose, throat or sinuses including any partial or complete loss of hearing, vision, or speech?
  - ☐ Asthma, allergies, shortness of breath, bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), pneumonia, sleep apnea, tuberculosis, or any other disorder of the respiratory system?
  - ☐ A disorder of the digestive system, liver, pancreas or gall bladder including hepatitis, jaundice, ulcers, intestinal bleeding, colitis, Crohn's disease (ileitis), polyps, recurrent indigestion, diarrhea, or diverticulitis?
  - ☐ A disorder or impairment of the muscles, bones, joints, nerves, spine, neck or back including arthritis, gout, sciatica, or amputations?
  - ☐ Epstein-Barr virus, Lyme disease, chronic fatigue syndrome, fibromyalgia, lupus, or other rheumatologic disorder?
  - ☐ Diabetes or a disorder of the thyroid, pituitary, or adrenal glands?
  - ☐ A disorder of the kidneys, bladder, prostate or urinary tract or findings of sugar, protein or blood in the urine?
  - ☐ A disorder of the skin including eczema, or psoriasis?
  - ☐ A diagnosis of Human Immunodeficiency Virus (AIDS virus), or Acquired Immune Deficiency Syndrome (AIDS)?
  - ☐ A disorder of the uterus, cervix, ovaries, or breasts?

13. In the past 5 years, have you (select all that apply):

- ☐ Had an ECG (Electrocardiogram)?
- ☐ Had an application for life, disability, or health insurance declined, postponed, rated, or restricted?
- ☐ Been diagnosed or treated by a member of the medical profession for an illness or injury for which a disability claim was made or payments, benefits, or pension benefits were received?
- ☐ None of the above

14. In the past 3 years, have you (select all that apply):

- ☐ Had a physical exam, check-up, or evaluation by a member of the medical profession regarding a condition not previously stated on this application?
- ☐ Been advised by a member of the medical profession to have surgery, medical treatment, or diagnostic testing excluding HIV testing, which has not been completed?

15. Are you currently under treatment by a member of the medical profession for anything not previously stated on this application? ☐ Yes ☐ No

16. Are you currently taking any prescription medication for any condition not previously stated on this application (excluding contraceptives)? ☐ Yes ☐ No

## H Agreements & Signature

**Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

I have read (or have had read to me) the statements and answers recorded on this Declaration of Insurability. To the best of my knowledge and belief, they are true, complete and correctly recorded and shall be a basis of any contract issued or for which a change has been requested. My signature applies to all sections and statements on this Declaration of Insurability.

Name of Proposed Insured: \_\_\_\_\_

Signature of Proposed Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Signed in state: \_\_\_\_\_