



**S.USA LIFE INSURANCE COMPANY, INC.**  
**PART II APPLICATION FOR LIFE INSURANCE**  
**(Answers to Medical Examiner)**

[P.O. Box 1050, Newark, NJ 07101-1050]

[Toll Free: 866-SUSA-123 (866-787-2123)]

[www.susa.com]

1. (a) Proposed Insured (please print)

First Name

M.I.

Last Name

(b) Birth Date

Month/Day/Year

(c) Height

ft.

in.

(d) Weight

lbs.

2. (a) Print name, address and phone number of your personal physician.

First Name

M.I.

Last Name

Phone Number (include area code)

Number &amp; Street

City

State

Zip Code

(b) Date and reason you last consulted your personal physician:

Month/Day/Year

Reason

(c) Treatment or recommendation:

3. Have you within the past 5 years:

Yes

No

- (a) Had a physical examination, sought treatment or consulted a physician or other member of the medical profession for any reason?.....
- (b) Had any surgery? .....
- (c) Been treated for or been diagnosed by a member of the medical profession as having any illness or injury?.....
- (d) Been a patient in a hospital, clinic, or other medical facility?.....
- (e) Had electrocardiogram, X-ray, or other diagnostic test (except for HIV)?.....
- (f) Been advised by a member of the medical profession to have any diagnostic test, hospitalization, treatment or surgery (except for HIV) which was not completed?.....

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4. Have you ever been treated for or been diagnosed by a member of the medical profession as having:

- (a) Disease or disorder of eyes, ears, nose or throat? .....
- (b) Dizziness, fainting, seizures, paralysis or stroke, memory loss, mental or nervous disease or disorder? .....
- (c) Shortness of breath, spitting up blood, bronchitis, asthma, emphysema, tuberculosis or other chronic respiratory disease or disorder? .....
- (d) Chest pain, palpitations, irregular heartbeat, high blood pressure, rheumatic fever, heart murmur, heart attack or other disease or disorder of the heart or blood vessels? .....
- (e) Ulcer, colitis, intestinal bleeding, jaundice, rectal bleeding or any disease or disorder of the stomach, intestines, liver or gallbladder? .....
- (f) Sugar, albumin, blood or pus in urine; stone or any disease or disorder of kidney, bladder, prostate, or reproductive organs?.....
- (g) Polyp, cyst, tumor, or cancer?.....
- (h) Diabetes, thyroid or any other endocrine or glandular disorder or disease?.....
- (i) Disease or deformity of the skin, cytomegalovirus, oral thrush or other fungal or opportunistic infection? .....
- (j) Neuritis, arthritis, gout, or disease or disorder of the muscles or bones, including the back or joints?.....
- (k) Deformity, lameness or amputation?.....
- (l) Anemia or any other blood or lymph disease or disorder?.....
- (m) Has the Proposed Insured ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?.....

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