Final Expense Sample Application
This is a sample application, not a promise to issue coverage.

Important Notes:
You cannot buy this policy directly from Aetna.
This policy is sold only via licensed Aetna agencies such as Choice Mutual.

To apply, call us at 1-800-644-2926
Application for Individual Whole Life Insurance

Section 1. Proposed insured information

<table>
<thead>
<tr>
<th>Proposed insured’s name (first, M.I., last)</th>
<th>Phone</th>
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<tr>
<th>Residential address (must be a physical address)</th>
<th>Apt/suite number</th>
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<th>City</th>
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<th>Mailing address (if different than residential address)</th>
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<thead>
<tr>
<th>E-mail</th>
<th>Social Security Number</th>
<th>Birth date* (mm/dd/yyyy)</th>
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<tr>
<th>Place of birth</th>
<th>Age</th>
<th>□ Male</th>
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Are you a legal resident of the United States? □ Yes □ No

Have you used any form of tobacco in the past 12 months? (Including vaping and e-cigarettes) □ Yes □ No

Do you have an existing Medicare Supplement policy with Aetna? □ Yes □ No

If Yes, what is your policy number? ______________

Section 2. Health questions

For the purposes of these questions “you” means the proposed insured. “Diagnosed”, “advised”, “tested” and “treatment” mean by a licensed physician or medical practitioner. “Terminal condition” means an illness, disease or disorder which would reasonably be expected to cause death within 12 months.

Part A - If you answer “yes” in part A, you are not eligible. Do not complete or submit this application.

1. Are you currently:
   A. confined in or been advised to enter a hospital, nursing home, skilled nursing facility, psychiatric facility, correctional facility? □ Yes □ No
   B. receiving or been advised to receive home health care or hospice care? □ Yes □ No

2. Do you use a wheelchair or mobility scooter or do you have any physical or mental impairment requiring assistance from anyone with the following activities of daily living: taking medications, bathing, dressing, eating, toileting, getting in or out of bed or chair, or moving about? □ Yes □ No

3. Within the past year have you:
   A. used or been advised to use oxygen equipment to assist with breathing (excluding CPAP for sleep apnea) or had or been advised to have kidney dialysis? □ Yes □ No
   B. been advised to have any medical procedure, surgery or a diagnostic test which has not yet been started, completed, or for which results are not known, excluding tests related to the Human Immunodeficiency Virus (HIV)? □ Yes □ No

4. Have you ever received, or been advised to receive, an organ or bone marrow transplant or an amputation due to any disease or complications of diabetes? □ Yes □ No

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Section 2. Health questions continued

5. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus), AIDS Related Complex (ARC), or Acquired Immune Deficiency Syndrome (AIDS)?

6. Have you ever been diagnosed with, received or been advised to receive treatment or medication for:
   A. Amyotrophic Lateral Sclerosis (Lou Gehrig’s Disease), Huntington’s Disease, or sickle cell anemia?
   B. Alzheimer’s disease, dementia or mental incapacity?
   C. congestive heart failure, pulmonary fibrosis, any terminal condition or end-stage disease?
   D. cerebral palsy, cystic fibrosis, muscular dystrophy or un-operated heart defects?

7. Within the past 2 years have you been diagnosed with, received or been advised to receive chemotherapy or radiation for any form of cancer (excluding Basal or Squamous cell skin cancer)?

8. Have you ever been diagnosed with more than one occurrence of the same or different type of cancer?

Part B - If any “yes” answers in part B, select Modified Plan.

1. Within the past 2 years have you been diagnosed with, received or been advised to receive treatment or medication for:
   A. alcohol or drug abuse (prescribed or illegal), or used illegal drugs; or been convicted of or plead guilty to driving under the influence?
   B. complications of diabetes such as diabetic coma, insulin shock, retinopathy (eye disorder), nephropathy (kidney disorder), or neuropathy (nerve, circulatory disorder)?
   C. kidney or liver disease?

2. Within the past year have you been diagnosed with, received or been advised to receive treatment for:
   A. angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory procedure or surgery?
   B. stroke or transient ischemic attack (TIA/mini-stroke), aneurysm or brain tumor?

Part C - If any “yes” answers in part C, select Standard Level Plan.
If all “no” answers in Parts A, B and C select Preferred Level Plan.

1. Within the past 2 years have you been diagnosed with, received or been advised to receive treatment for:
   A. angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory procedure or surgery?
   B. stroke or transient ischemic attack (TIA/mini-stroke), aneurysm or brain tumor?

2. Have you ever been diagnosed with, received or been advised to receive treatment or medication for:
   A. Parkinson’s disease, Multiple Sclerosis or Systemic Lupus (SLE)?
   B. chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema or any other chronic respiratory condition?