



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

• Print clearly and use blue or black ink.
• Use section 7 for additional remarks, requests, or explanations.

• Mail application and check in the provided business reply envelope to **P.O. Box 14399, Lexington, KY 40512.**

Section 1. Proposed insured information

Proposed insured's name (first, M.I., last)		Phone
.		.
Residential address (must be a physical address)		Apt/suite number
.		.
City	State	Zip
.	.	.
Mailing address (if different than residential address)		Apt/suite number
.		.
City	State	Zip
.	.	.
E-mail	Social Security Number	Birth date* (mm/dd/yyyy)
.	.	.
Place of birth (city, state)	Age	<input type="checkbox"/> Male
.	.	<input type="checkbox"/> Female

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

If any health questions are answered "yes" in section 2, the applicant(s) will not qualify for this insurance with us.

For the purposes of these questions "you" means the proposed insured. "Diagnosed", "advised", "tested" and "treatment" mean by a licensed physician or medical practitioner.

- 1. Are you dependent on a wheelchair or any motorized mobility device?** Yes No
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- 2. Do any of the following apply to you?** Yes No
Currently hospitalized, confined to a bed, in a nursing facility or assisted living facility, receiving home health care or physical therapy
-
- 3. At any time, have you been medically diagnosed, treated, or had surgery for any of the following?**
- A.** congestive heart failure, unoperated aneurysm, defibrillator? Yes No
 - B.** leukemia, lymphoma, multiple myeloma, cirrhosis? Yes No
 - C.** Parkinson's Disease, Lou Gehrig's Disease, Alzheimer's Disease, dementia, multiple sclerosis, muscular dystrophy, cerebral palsy? Yes No
 - D.** chronic kidney disease, kidney failure, kidney disease requiring dialysis, renal insufficiency, Addison's Disease? Yes No
 - E.** any condition requiring a bone marrow transplant or stem cell transplant, any condition requiring an organ transplant? Yes No

Section 2. Health questions *continued*

4. Have you been medically diagnosed or treated by a member of the medical profession for diabetes?

- A. that requires use of insulin? Yes No
- B. with complications including retinopathy, neuropathy, peripheral vascular or arterial disease or heart artery blockage? Yes No
- C. with history of heart attack or stroke (at any time)? Yes No
- D. treated with medication that has been changed or adjusted in the past 12 months because of uncontrolled blood sugar? Yes No

5. Within the past 36 months, have you been medically diagnosed, treated, or had surgery for any of the following?

- A. alcoholism, drug abuse? Yes No
- B. cardiomyopathy, atrial fibrillation, anemia requiring repeated blood transfusions, any other blood disorder? Yes No
- C. internal cancer, melanoma, Hodgkin's Disease? Yes No
- D. hepatitis, disorder of the pancreas? Yes No

6. Within the past 24 months, have you been medically diagnosed, treated, or had surgery for any of the following?

- A. enlarged heart, transient ischemic attack (TIA), stroke, peripheral vascular or arterial disease, neuropathy, amputation caused by disease? Yes No
- B. myasthenia gravis, systemic lupus or connective tissue disorder? Yes No
- C. osteoporosis with fractures, Paget's Disease, arthritis that restricts mobility or the activities of daily living? Yes No
- D. any lung or respiratory disorder requiring the use of a nebulizer or oxygen, or 3 or more medications for lung or respiratory disorder? Yes No
- E. any lung or respiratory disorder and currently use tobacco products? Yes No

7. Within the past 12 months, have you been advised by a medical professional to have treatment, further evaluation, diagnostic testing (except those tests related to the Human Immunodeficiency Virus [AIDS virus]), or surgery that has not been performed or do you have pending test results?

Yes No

8. At any time, have you been told you had, or tested positive for any immune deficiency disorder, AIDS, or ARC?

Yes No

9. Within the past 12 months, have you been medically diagnosed or treated, or had surgery for a heart attack, artery blockage, or heart valve disorder?

Yes No

10. Within the past 12 months, have you been medically diagnosed with wet macular degeneration and have taken or are currently receiving injections?

Yes No

11. Within the past 12 months, do any of the following apply to you?

- A. had a pacemaker implanted? Yes No
- B. had a PSA blood test greater than 4.5, under age 70, with no history of prostate cancer? Yes No
- C. had a PSA blood test greater than 6.5, age 70 or older, with no history of prostate cancer? Yes No
- D. medically diagnosed as having a seizure? Yes No

12. Within the past 12 months, was your last blood pressure reading higher than 175 systolic or higher than 100 diastolic?

Yes No

Systolic is the upper number and diastolic is the bottom number of a blood pressure reading.