

**UNDERWRITING, Continued**

**Part Two IF THE PROPOSED INSURED ANSWERS "YES" TO ANY QUESTION IN PART TWO, THAT PERSON IS ELIGIBLE ONLY FOR THE GRADED BENEFIT PRODUCT.**

<p><b>6.</b> Has the Proposed Insured <b>ever</b> (i) been diagnosed with, (ii) received treatment for, or (iii) been advised by a member of the medical profession to seek treatment for:</p> <p><b>(a)</b> Diabetes before age 45? .....</p> <p><b>(b)</b> Diabetes at any age with complications or history of Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve), Peripheral Vascular Disease (PVD or PAD), Coronary Artery Disease (CAD) or Stroke? ...</p> <p><b>(c)</b> Hepatitis C? .....</p> <p><b>(d)</b> Chronic Lung Disease, including Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, or Sarcoidosis? .....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7.</b> <b>In the past 4 years</b>, has the Proposed Insured: (i) been diagnosed with, (ii) received treatment for, or (iii) been advised by a member of the medical profession to seek treatment for:</p> <p><b>(a)</b> Cancer, Leukemia, or any other internal cancer or Melanoma (except basal or squamous cell skin cancer)? ..</p> <p><b>(b)</b> Chronic Kidney Disease, Systemic Lupus or Scleroderma? .....</p> <p><b>(c)</b> Bipolar Depression, Schizophrenia, Parkinson's Disease or Multiple Sclerosis? .....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>8.</b> <b>In the past 2 years</b>, has the Proposed Insured: (i) been diagnosed with, (ii) received treatment for, or (iii) been advised by a member of the medical profession to seek treatment for:</p> <p><b>(a)</b> Coronary Artery Disease, Heart Attack, Coronary Artery Bypass Surgery, Angioplasty, Cardiomyopathy, irregular heart rhythm, Pacemaker or Valvular Heart Disease with surgical repair or replacement? .....</p> <p><b>(b)</b> Stroke or Transient Ischemic Attack (TIA)? .....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>9.</b> <b>In the past 2 years</b>, has the Proposed Insured:</p> <p><b>(a)</b> been convicted of or currently awaiting trial for a felony? .....</p> <p><b>(b)</b> been treated for or advised by a member of the medical profession to have treatment for alcohol or drug abuse, convicted of driving under the influence of drugs or alcohol or convicted more than once of reckless driving? .....</p> <p><b>(c)</b> used unlawful drugs in any form (other than marijuana) or abused or misused prescription drugs? .....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>10.</b> <b>In the past 2 years</b>, has the Proposed Insured been hospitalized by a member of the medical profession for any mental or nervous disorder? .....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>11.</b> <b>In the past 12 months</b>, has the Proposed Insured been diagnosed or treated by a member of the medical profession for chronic cough, <u>unexplained</u> weight loss greater than 10 pounds, fatigue or unexplained gastrointestinal bleeding? .....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>