

## UNDERWRITING

### Part One IF THE PROPOSED INSURED ANSWERS "YES" TO QUESTIONS 2-5 IN PART ONE, THAT PERSON IS NOT ELIGIBLE FOR ANY COVERAGE UNDER THIS APPLICATION.

<p>1. Has the Proposed Insured <b>ever</b> been diagnosed by a member of the medical profession or been tested positive for Human Immunodeficiency Virus (AIDS Virus) or Acquired Immune Deficiency Syndrome (AIDS)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Is the Proposed Insured <b>currently</b>:</p> <p>(a) bedridden or confined to any hospital, nursing home, long-term care facility or skilled nursing facility; or receiving or been advised by a member of the medical profession to receive care in a nursing home, hospice care, or home health care? .....</p> <p>(b) requiring assistance with activities of daily living such as taking medications, bathing, dressing, eating, toileting, getting in and out of a chair or bed, or control of bowel or bladder problems? .....</p> <p>(c) requiring any of the following (other than for fractures, bone or joint surgery, including replacement): wheelchair, electric scooter, advised by a member of the medical profession to use oxygen equipment to assist breathing (excluding use for sleep apnea) or defibrillator?.....</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>3. 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>(a) Alzheimer's Disease, Dementia, Huntington's Disease, Sickle Cell Anemia, Myelodysplastic Syndrome (MDS), Lou Gehrig's Disease (ALS), Hydrocephalus, Muscular Dystrophy, Quadriplegia, Paraplegia, Down Syndrome, Intellectual Developmental Disorder, Congestive Heart Failure, Cirrhosis, Metastatic Cancer or recurrent Cancer of the same type? .....</p> <p>(b) insulin shock, diabetic coma, amputation due to diabetic complications, End Stage Renal Disease or requiring dialysis?.....</p> <p>(c) an organ or bone marrow transplant? .....</p> <p>(d) a terminal medical condition that is expected to result in death within the next twelve (12) months?.....</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>4. <b>In the past 12 months</b>, has the Proposed Insured been:</p> <p>(a) advised by a member of the medical profession to have a surgical operation, diagnostic testing (other than for routine screening purposes or for those related to HIV/AIDS), treatment, hospitalization, or other procedure which has not been done or for which results are not known?.....</p> <p>(b) diagnosed by a member of the medical profession as having heart disease or heart surgery of any kind? ..</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. <b>In the past 2 years</b>, has the Proposed Insured been diagnosed with, been treated for or advised by a member of the medical profession to receive treatment for any form of cancer (except basal or squamous cell skin cancer)?.....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

## 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>6. 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>(a) Diabetes before age 45? .....</p> <p>(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>(c) Hepatitis C? .....</p> <p>(d) 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>7. <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>(a) Cancer, Leukemia, or any other internal cancer or Melanoma (except basal or squamous cell skin cancer)? ..</p> <p>(b) Chronic Kidney Disease, Systemic Lupus or Scleroderma? .....</p> <p>(c) 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>8. <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>(a) 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) 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>9. <b>In the past 2 years</b>, has the Proposed Insured:</p> <p>(a) been convicted of or currently awaiting trial for a felony? .....</p> <p>(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>(c) 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>10. <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>11. <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>

**NOTE: If the Proposed Insured answers all above questions "No", that person is eligible for the Level Benefit Product.**