If you are applying for the Graded plan, you must complete Part I - Eligibility and Part II - Health Questions. If you are applying for Level Standard or Preferred, you must complete Part I - Eligibility, Part II, and III - Health Questions.

Part I - Eligibility Questions
Important! If you answer "Yes" to any of the questions 1 – 7 below, the coverage requested cannot be issued.

1. Has the Proposed Insured legally resided in the US for less than 12 months? ☐ Yes ☐ No

2. In the last 2 years, has any Proposed Insured pled guilty to or been convicted of a felony or are felony charges now pending? ☐ Yes ☐ No

3. Has the Proposed Insured ever been diagnosed with or been treated for, tested positive for, or been given medical advice by a member of the medical profession for any of the following? ☐ Yes ☐ No
   - Organ or Bone Marrow Transplant
   - Amputation due to any disease
   - Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease), other Motor Neuron Disease, or Progressive Nervous System Disease
   - Coronary Artery Disease (CAD), Heart Attack, or a Heart Procedure
   - Huntington's Disease
   - Sickle Cell Anemia
   - Alzheimer's, Dementia, or Mental Incapacity
   - Pulmonary Fibrosis, Cystic Fibrosis, or Muscular Dystrophy
   - Stroke, Transient Ischemic Attack (TIA), or Carotid Artery Disease
   - Heart Failure, Cardiomyopathy, or Pulmonary Hypertension
   - End-Stage Kidney/Renal Disease
   - Cirrhosis or End-Stage Liver Disease

4. Has the Proposed Insured ever been diagnosed with more than one occurrence of the same or different type of cancer? ☐ Yes ☐ No

5. In the last 2 years has the Proposed Insured been diagnosed with or been treated for, tested positive for, or been given medical advice by a member of the medical profession for cancer, tumor, or mass? ☐ Yes ☐ No

6. In the last 12 months, has the Proposed Insured: ☐ Yes ☐ No

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- Used a wheelchair or mobility scooter?
- Required assistance eating, bathing, toileting, getting in and out of a chair or bed, dressing, or taking their own medication?
- Been bedridden, confined to a hospital, nursing home, skilled nursing facility, mental health facility, inpatient rehabilitation, subacute facility, home health care, or hospice?
- Used or been advised to use oxygen equipment to assist with breathing, excluding a Continuous Positive Airway Pressure (CPAP) machine?
- Had or been advised to have kidney dialysis?
- Been advised by a member of the medical profession to get testing (excluding routine testing), treatment, follow-up, or surgery that has not been completed?

7. Has the Proposed Insured ever been diagnosed with or been treated for, tested positive for, or been given medical advice by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No

Part II - Health Questions
Important! If you answer "Yes" to question 8 below, you may select Graded

8. In the last 12 months, has the Proposed Insured been diagnosed with or been treated for, tested positive for, or been given medical advice by a member of the medical profession for any of the following?
   - Alcoholism, Alcohol or Chemical Dependency, or Drug or Alcohol Abuse ☐ Yes ☐ No
   - Liver disorders or Hepatitis B or C, excluding fully recovered Hepatitis A ☐ Yes ☐ No
   - Diabetes or complications of Diabetes ☐ Yes ☐ No
   - Kidney disorders, excluding Kidney Stones ☐ Yes ☐ No
   - Peripheral Vascular Disease ☐ Yes ☐ No
   - Heart Rhythm Disorders or Atrial Fibrillation ☐ Yes ☐ No
   - Emphysema, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Bronchitis ☐ Yes ☐ No

Part III – Additional Health Questions
Important! If you answer "Yes" to any of the questions 9 – 10 below, you may select the Level Standard Plan. If you answer "No" to all questions below, you may select the Level Preferred Plan.

9. In the last 2 years has the Proposed Insured been diagnosed with or been treated for, tested positive for, or been given medical advice by a member of the medical profession for any of the following?
   - Peripheral Vascular Disease (PVD) ☐ Yes ☐ No
   - Heart Rhythm Disorders or Atrial Fibrillation ☐ Yes ☐ No

10. Has the Proposed Insured ever been diagnosed with or been treated for, tested positive for, or been given medical advice by a member of the medical profession for any of the following?
    - Systemic Lupus Erythematosus (SLE) or Multiple Sclerosis (MS) ☐ Yes ☐ No
    - Parkinson's Disease ☐ Yes ☐ No