5. HEALTH HISTORY

What is your current height and weight? HEIGHT 5 Ft. 7 In. | WEIGHT 765 lbs.

PART 1 (If any question in this section is answered "YES," DO NOT SUBMIT THE APPLICATION)	YES	NO
1. Are you currently hospitalized, confined to a nursing home, hospice, bed, assisted living facility, convalescent home, correctional facility, institutionalized, receiving home health care, or confined to a wheelchair due to illness or disease?	☐	☒
2. Have you ever tested positive for exposure to the Human Immunodeficiency Virus (HIV) infection or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) caused by the HIV Infection or other sickness derived from such infection?	☐	☒
3. Have you been diagnosed by a member of the medical profession as having a terminal medical condition that is expected to result in death within the next twelve (12) months?	☐	☒
4. Have you ever been recommended by a member of the medical profession, for an organ or bone marrow transplant, or ever had a heart, lung, liver or bone marrow transplant, or ever had an amputation due to disease or, within the last twelve (12) months, received kidney dialysis?	☐	☒
5. Are you awaiting a diagnosis or test result, or been advised by a member of the medical profession to have a surgical operation, a diagnostic test (except for HIV) other than for routine screening, that has not been completed?	☐	☒

PART 2 (If any question in this section is answered "YES," the Proposed Insured will be considered for the Classic Security Graded Benefit plan.)	YES	NO
1. Have you ever been diagnosed by a member of the medical profession with, or received treatment for: mental retardation, Down's Syndrome, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, sickle cell anemia, or Huntington's Disease?	☐	☒
2. Have you ever been diagnosed or treated (including taking medication) by a member of the medical profession with congestive heart failure, Alzheimer's disease, dementia or Lou Gehrig's disease (ALS), or received a cardiac defibrillator implant (except pacemaker implant)?	☐	☒
3. During the last twenty-four (24) months, have you been diagnosed or treated (including taking medication) by a member of the medical profession for any form of cancer, including, leukemia, melanoma or any other internal cancer (other than basal cell skin cancer)?	☐	☒
4. During the last six (6) months have you been diagnosed by a member of the medical profession as having a heart attack?	☐	☒

PART 3 (If any question in this section is answered "YES," the Proposed Insured will be considered for the Classic Advantage Graded Benefit plan. If two or more questions are answered "YES," the Proposed Insured will be considered for the Classic Security Graded Benefit plan.)	YES	NO
1. Have you ever received care or treatment (including taking medication) for, or been advised by a member of the medical profession to seek treatment for chronic lung disease, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, black lung disease, chronic respiratory disorder (excluding asthma or sleep apnea), or used oxygen to assist with breathing (except for sleep apnea)?	☐	☒
2. During the last thirty-six (36) months, have you been diagnosed or received treatment (including taking medication) by a member of the medical profession for:		
a. Kidney disease, kidney failure, liver disease, chronic hepatitis, drug or alcohol abuse or dependency, sarcoidosis or Systemic Lupus?	☐	☒
b. Multiple Sclerosis, Parkinson's Disease, schizophrenia, brain tumor or have you been hospitalized or institutionalized for a mental or nervous disorder?	☐	☒
3. In the past thirty-six (36) months, have you:		
a. Been on probation, parole, been convicted of, or pled guilty to any crime or to possession or distribution of drugs or any other illegal substance?	☐	☒
b. Been convicted of three (3) or more moving violations, or been convicted of driving under the influence of alcohol or drugs?	☐	☒
4. During the last twenty-four (24) months, have you been diagnosed by a member of the medical profession as having: A stroke (including TIA), aneurysm, enlarged heart, angina, peripheral vascular disease, pacemaker implant, stent, angioplasty, bypass surgery, or any procedure to improve the circulation to the brain?	☐	☒
5. During the last thirty-six (36) months, have you been diagnosed by a member of the medical profession as having complications of diabetes, including insulin shock, diabetic coma, Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve, circulatory), Peripheral Artery Disease (PAD) or Peripheral Vascular Disease (PVD), or diabetes not under control with current treatment, or have you used insulin for the treatment of diabetes prior to age 50?	☐	☒
6. During the last seven to twenty-four (7–24) months have you been diagnosed by a member of the medical profession as having a heart attack?	☐	☒

PART 4 (If any question in this section is answered "YES," the Proposed Insured will be considered for the Classic Select Full Benefit Plan. If two or more questions are answered "YES," the Proposed Insured will be considered for the Classic Advantage Graded Benefit plan.) If all questions in all sections are answered "NO," the Proposed Insured will be considered for the Classic Elite Full Benefit plan.	YES	NO
1. In the past five (5) years, have you received care or treatment (including taking medication) for, or been advised by a member of the medical profession to seek treatment for cancer, leukemia, melanoma or any other internal cancer (except basal cell carcinoma)?	☐	☒
2. Have you ever received care or treatment (including taking medication) for, or been advised by a member of the medical profession to seek treatment for chronic asthma or atrial fibrillation?	☐	☒
3. Are you currently requiring the assistance of another person in performing any ADL's (Activities of Daily Living) including eating, bathing, dressing, toileting, continence, transferring in and out of a bed or chair, or taking medications?	☐	☒

PART 5 Please provide the following details for your most recent consultation with a physician or medical facility (except details regarding HIV, AIDS or ARC).

Date of last visit	Name & Address of Physician or Medical Facility	Reason Consulted	Treatment / Diagnosis
11/16	Dr. Siddiqui - 724 Charles St Orlando FL 32808	Check up	Clean bill of health