HEALTH QUESTIONS (QUESTIONS 1-8 MUST BE ANSWERED FOR ALL PRODUCTS.)

1.	Is the proposed Insured currently hospitalized, confined to a nursing home, hospice, bed, assisted living facility, convalescent home, institutionalized, permanently confined to a wheelchair due to disease or illness, or receiving assistance with performing the following Activities of Daily Living (ADLs): eating, bathing, toileting, continence, dressing, or transferring?	☐ Yes ☒ No
2.	Has the proposed Insured **ever** been diagnosed with or received treatment by a member of the medical profession for acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), tested HIV positive, or 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 12 months?	☐ Yes ☒ No
3.	Has the proposed Insured **ever** been diagnosed with or received treatment (including medication) by a member of the medical profession for Alzheimer's disease, dementia, memory loss, or Lou Gehrig's disease (ALS)?	☐ Yes ☒ No
4.	**In the last 12 months**, has the proposed Insured had or been advised by any member of the medical profession to have a diagnostic test (excluding testing related to the Human Immunodeficiency Virus (HIV)), other than for routine screening purposes, for which results have not yet been received?	☐ Yes ☒ No

Has the proposed Insured been diagnosed, treated (including medication), or been given advice by any member of the medical profession:

5.	**ever**, for mental retardation, Down syndrome, cystic fibrosis, Huntington's disease, or sickle cell anemia?	☐ Yes ☒ No
6.	**In the last 24 months**, for leukemia, lymphoma, melanoma, or any other form of cancer (other than basal cell or squamous cell skin cancer)?	☐ Yes ☒ No
7.	**In the last**: a. **12 months**, for stroke, TIA (transient ischemic attack), heart attack, or undergone surgery for heart or vascular disease? b. **24 months**, for congestive heart failure or does the proposed Insured have a cardiac defibrillator?	☐ Yes ☒ No ☐ Yes ☒ No
8.	**ever**, for an organ (excluding corneal and kidney) or bone marrow transplant, or had an amputation due to disease (not injury)?	☐ Yes ☒ No

COMPLETE QUESTIONS 9-12 FOR THE FOLLOWING PRODUCTS: BMP, BMS, BMQ, POM-G, LEVEL 20

9.	**In the last 3 years**, has the proposed Insured been convicted of a felony requiring incarceration?	☐ Yes ☒ No
10.	**In the last 24 months**, has the proposed Insured had a pacemaker implant, bypass surgery, angioplasty, stent placement, or any other procedure to improve circulation to the heart or brain?	☐ Yes ☒ No

Has the proposed Insured been diagnosed, treated (including medication), or been given advice by any member of the medical profession:

11.	**ever**: a. for hepatitis B, hepatitis C, systemic lupus, cirrhosis, liver disease, schizophrenia, hospitalized for mental or nervous disorder, emphysema, chronic obstructive pulmonary disease (COPD), chronic bronchitis, sarcoidosis, or used oxygen equipment to assist in breathing (excluding use for sleep apnea)? b. for a kidney transplant, kidney disease, dialysis, or required insulin before the age of 40?	☐ Yes ☒ No ☐ Yes ☒ No
12.	**In the last 24 months**: a. for stroke, TIA (transient ischemic attack), heart attack, or undergone surgery for heart or vascular disease? b. for heart disease, peripheral vascular disease, atrial or ventricular fibrillation, aneurysm, cardiomyopathy, or angina? c. for alcohol or drug overuse, abuse, or dependency, or been advised to discontinue the use of alcohol or drugs? d. for complications of diabetes, including nephropathy (kidney), retinopathy (eyes), peripheral vascular disease, diabetic coma, insulin shock?	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No

COMPLETE QUESTIONS 13-16 FOR THE FOLLOWING PRODUCTS: BMP, POM-G, LEVEL 20

13.	**In the last 5 years**, has the proposed Insured had a pacemaker implant, bypass surgery, angioplasty, stent placement, or any other procedure to improve circulation to the heart or brain?	☐ Yes ☐ No

Has the proposed Insured been diagnosed, treated (including medication), or been given advice by any member of the medical profession:

14.	**In the last 24 months**, for seizures, multiple sclerosis, Parkinson's disease, cerebral palsy, or muscular dystrophy?	☐ Yes ☐ No
15.	**In the last 5 years**: a. for alcohol or drug overuse, abuse, or dependency, or been advised to discontinue the use of alcohol or drugs? b. for stroke, TIA, heart attack, heart disease, peripheral vascular disease, atrial or ventricular fibrillation, aneurysm, cardiomyopathy, angina, or any form of cancer (other than basal cell or squamous cell skin cancer)? c. for bipolar disorder, requiring more than one prescription medication to control?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
16.	**ever**, for diabetes requiring insulin treatment or was their most recent hemoglobin A1c above 7.5 or fasting blood sugar above 170?	☐ Yes ☐ No