HEALTH QUESTIONS – PART I (If any answer to questions 1-5 below is "YES", you are not eligible for coverage)	APPLICANT A		APPLICANT B	
1. Have you been treated or diagnosed by a medical professional as having acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or tested positive for human immunodeficiency virus (HIV) infection?	Yes	No	Yes	No
2. Is any applicant currently eligible for Medicaid or on early Medicare due to disability (prior to age 65) or disabled?	Yes	No	Yes	No
3. Are you currently:				
a. Receiving assistance or supervision to perform activities of daily living such as bathing, dressing, eating, toileting, getting in or out of bed, or have an inability to control bowel or bladder function?	Yes	No	Yes	No
b. Receiving home health care services, or confined in a rehabilitation facility, nursing facility, or assisted living facility?	Yes	No	Yes	No
c. Being treated, or have you been diagnosed, by a medical professional for Alzheimer's Disease, dementia, Parkinson's Disease (stage 4 or 5), Huntington's Chorea, or cognitive impairment?	Yes	No	Yes	No
d. Receiving treatment by a medical professional for diabetic complications resulting in neuropathy, proliferative retinopathy, kidney disease or failure, renal insufficiency, or kidney dialysis?	Yes	No	Yes	No
e. Receiving treatment by a medical professional for insulin dependent diabetes in conjunction with heart failure?	Yes	No	Yes	No
4. Within the past 12 months, have you been advised to have tests, treatment, or surgery that has not yet been performed or have pending test results?	Yes	No	Yes	No
5. Within the last 24 months, have you been diagnosed with, received treatment for, or been prescribed medication for any of the following conditions by a medical professional: Cancer (other than skin cancer in situ), leukemia, lymphoma, malignant melanoma, or cancer that has spread from its original site?	Yes	No	Yes	No

HEALTH QUESTIONS – PART II (If any answer to question 1 below is "YES", any simple inflation benefit is not available, and the applicant will be limited to a maximum of $100 of daily benefit on the base Policy, Home Health Care Rider, and Hospital Indemnity Rider).	APPLICANT A		APPLICANT B	
1. Within the past 24 months, have you been diagnosed with, received treatment for, or been prescribed medication for any of the following conditions by a medical professional:				
a. Stroke, transient ischemic attack (TIA), congestive heart failure (CHF), or organ transplant (other than corneal transplant)?	Yes	No	Yes	No
b. Diabetes that requires more than 50 units of insulin daily or more than 2 oral and 1 injectable medications?	Yes	No	Yes	No
c. Systemic lupus, multiple sclerosis, muscular dystrophy, cerebral palsy, motor neuron disease, Lou Gehrig's disease (ALS), psychotic disorders, alcohol, or substance abuse or any other neurological or neuromuscular disease?	Yes	No	Yes	No
d. Amputation caused by disease?	Yes	No	Yes	No
e. Chronic obstructive lung or pulmonary disease (COPD), chronic bronchitis or emphysema, respiratory disease requiring the use of oxygen, or chronic liver disease?	Yes	No	Yes	No

PRESCRIPTION DRUG QUESTIONS – PART III (You must answer this question)	APPLICANT A		APPLICANT B	
Has any applicant taken or been prescribed drugs by a medical professional in the last 24 months? If "**Yes**" complete the chart below.	Yes	No	Yes	No

APPLICANT A	APPLICANT B	Prescribed Medication	Date Prescribed	Frequency and Dosage	Diagnosis/onset Date