



Broker Name: _____

Name _____ Sex _____ Date of birth _____

Amount \$ _____ Term / UL / WL Height / Weight _____

Have you ever used tobacco? Yes No

Date last used _____ Type _____

Frequency _____

Illness Have you been diagnosed with or treated for:

- Chest pain or any disorder of the heart or blood vessels
- Cancer, Tumor, Leukemia, Melanoma or Lymphoma
- Any disorder of the brain or nervous system
- Any other surgeries or diagnosis not mentioned above
- Mental or psychiatric illness
- Diabetes or high blood sugar
- Disorder of kidneys or urinary tract
- Asthma or any disorder of the lungs
- High blood pressure
- High cholesterol
- Sleep Apnea

If your response is "yes" to any of these questions, please provide additional information below or on back page:

Illness/Date of Diagnosis	Treatment/Medication/Dosage	Date of Treatment	Name and Address of Doctor/Hospital

Lifestyle Have you:

- Used or are you now using cocaine, amphetamines, marijuana, heroin, or other drugs?
- Had or been advised to have treatment or counseling for alcohol?
- In the last 3 years had a driver's license denied, suspended, or revoked, been convicted of or cited for 3 or more moving violations or a DUI, or been involved as a driver in 2 or more auto accidents?
- Been convicted of or are you currently charged with a criminal offense?
- Been or are you currently a member of the armed forces including reserves?
- Any plans to live or travel outside the United States or Canada within the next 12 months?
- Participated in hazardous sports, such as auto, motorcycle, snowmobile or powerboat competitions, Scuba diving, mountain climbing, parachuting, skydiving or any other such sport or hobby?

If your response is "yes" to any of these questions, please provide additional information below or on back page:

Family History Have any of your immediate family members prior to age 65, died of or been diagnosed as having cancer, coronary artery disease, stroke, or kidney disease?

Relative	Age if Living	Age at Death	Details of Present Health or Cause of Death
Father			
Mother			
Brothers			
Sisters			