



1. a. Full Name (Please print)				10. Have you EVER had or recommended to have treatment for:	Yes	No
2. a. What is your exact height? _____ feet _____ inches b. What is your exact weight? _____ pounds c. How much weight have you lost or gained during the past year? _____ pounds lost _____ pounds gained						
3. Family History	Age if Living	State of Health	Age at Death	d. Arthritis, scarlet fever, rheumatic fever or gout?		
Father				e. Any disorder of the heart or blood vessels, palpitation, pain in the chest, angina pectoris, high blood pressure, heart murmur or shortness of breath?		
Mother				f. Indigestion, ulcers, other stomach or intestinal trouble, pancreas, spleen, gall bladder disorder, jaundice, hernia, cancer or any tumor?		
No. Living Brothers and Sisters _____				g. Kidney disease, kidney colic, nephritis, syphilis, disease of the bladder, prostate or other genito-urinary organs, or diabetes?		
No. Dead _____				h. Sugar or albumin in the urine?		
4. When did you last consult a physician or practitioner? _____ Name of physician or practitioner: _____ Address: _____ _____				i. Acquired immune deficiency virus or Aids related complex?		
Illness: _____ Duration: _____				j. Abnormal menstruation or labor?		
Details: _____				k. Any disorder of the breast, ovaries or tubes?		
				11. Have you EVER:		
				a. Applied for or received a disability pension from any source?		
				b. Had your application for life, health or accident insurance rejected, rated up, restricted, postponed or withdrawn?		
				c. Used alcoholic beverages, opium, morphine, cocaine, marijuana, LSD or any other drug?		
				d. Been a patient in any hospital or sanitarium?		
				12. Have you WITHIN 5 YEARS:		
				a. Had or been treated for any disease, injury or operation not already mentioned or taken medication of any kind?		
				b. Consulted a physician, psychiatrist or other practitioner for any other reason not noted above?		
				c. Had or been advised to have any surgical operations, x-ray, heart study, electrocardiogram or other laboratory examinations?		
				13. Do you currently smoke or have you smoked cigarettes within the last year?		
				a. Number of packages per day? _____		
				b. How long have you smoked? _____		
				c. If you have quit, when? _____		
				d. Do you use tobacco in any other forms? _____		

14. Details of "Yes" Answers (Items 5 through 13)

Item Number Date Full details including nature of illness, number of attacks, duration, severity, treatment and results, name and address of physician or hospital.

I hereby agree that the above questions and answers shall form Part Two of my pending application for insurance, and also of any subsequent application by me for insurance in this Company, unless I then undergo another medical examination which by its terms is made a part of such application and of subsequent applications.

I declare that I have read and understand all the statements and answers shown above, that they are true and complete and correctly recorded whether written by my own hand or not.

Any person, who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

Application Made at _____
(City and State)

Date _____, _____

Witness _____
(Para-Medical Examiner)

Signature of Proposed Insured _____

