

LEGACY CHOICE Prequalification Questions

- 1 In the last 12 months, have you been advised by a member of the medical profession to have any surgery, hospitalization, treatment or test that was not completed or for which you are waiting the results, excluding those tests relating to HIV? Yes No
- 2 Due to a physical or mental impairment, do you require, or have you been advised to receive human assistance with any of the following activities of daily living: eating, dressing, toileting, transferring, bathing, or taking medication? Yes No
- 3 Have you ever been diagnosed by a member of the medical profession with Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complex (ARC) or tested positive for Human Immunodeficiency Virus (HIV)?* Yes No
- 4 Have you ever been diagnosed, treated for or prescribed medication by a member of the medical profession for Alzheimer's disease or any other type of dementia? Yes No
- 5 Have you had or been advised by a member of the medical profession to have an organ transplant, or have you been medically diagnosed as having a terminal illness or life expectancy of 12 months or less? Yes No
- 6 Do you currently use oxygen equipment to assist in breathing, are you currently receiving kidney dialysis or do you have a defibrillator implanted? Yes No
- 7 Within the past 5 years, have you been confined to a hospital, nursing facility, convalescent care facility, assisted living facility or mental care facility for more than 7 days? Yes No
- 8 Within the past 5 years, have you been convicted of a felony, do you have a felony charge currently pending against you or are you currently on probation or parole? Yes No
- 9 Within the past 3 years, have you been convicted of operating a vehicle while intoxicated, impaired or under the influence or for reckless driving? Yes No
- 10 Within the past 2 years, have you been declined for life, disability or long-term care insurance? Yes No
- 11 Current Height: _____ Current Weight: _____
BMI calculation will be performed. BMI < or = 17, declined. BMI > 45, declined.

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Within the past **five years**, have you been diagnosed with, treated by a member of the medical profession for, or been hospitalized, due to any of the following?

Please indicate any and all that apply to your personal history.

12 Cardiovascular/Cerebrovascular Disease

- angina (chest pain)
- cardiomyopathy
- congestive heart failure
- coronary artery disease
- heart attack
- heart surgery including defibrillator, bypass, angioplasty, stent
- heart valve disease
- peripheral arterial or vascular disease
- stroke

13 Respiratory

- chronic bronchitis
- chronic obstructive pulmonary disease (COPD)
- cystic fibrosis
- emphysema
- pulmonary fibrosis

14 Gastrointestinal/Genitourinary

- chronic hepatitis
- chronic kidney disease
- chronic pancreatitis
- chronic renal failure
- cirrhosis
- liver disease
- sclerosing cholangitis

15 Cancer/Carcinoma

- internal cancer, any type (other than basal or squamous cell carcinoma of the skin)
- leukemia
- lymphoma
- melanoma
- multiple myeloma

16 Psychiatric/Dependency

- alcohol dependency or abuse
- drug dependency or abuse
- schizophrenia
- suicide attempt

17 Neurological/Musculoskeletal

- ALS (Lou Gehrig's disease)
- Huntington's Disease
- muscular dystrophy
- paralysis

18 Immune System/Blood/Other

- chronic anemia (other than iron deficiency anemia)
- CREST Syndrome or Scleroderma
- systemic lupus

Note: This is not an application for life insurance. Example is for informational purposes only.