F. Personal History Questions - Complete this section only if you are NOT applying during an open enrollment and/or a guaranteed issue period.

1. Have you been prescribed or taken any prescription medications within the past 12 months? If "YES," please indicate below. If "NO," indicate "None." Agent - This is to assist in preparing the Applicant to answer questions in sections 5 through 7.

APPLICANT A Name of Medication, Date Prescribed and Condition *(Example: Vytorin, 10/2009, High Cholesterol)*	APPLICANT B Name of Medication, Date Prescribed and Condition *(Example: Vytorin, 10/2009, High Cholesterol)*
2. Height Ft._____ In._____ Weight Lbs._____	Height Ft._____ In._____ Weight Lbs._____

	APPLICANT A	APPLICANT B
3. Have you used tobacco in any form in the past 12 months?	☐ Yes ☐ No	☐ Yes ☐ No
4. Have you ever been diagnosed with diabetes?	☐ Yes ☐ No	☐ Yes ☐ No
5. Have you ever:		
a. been advised by a physician to have or are you currently waiting for an organ transplant?	☐ Yes ☐ No	☐ Yes ☐ No
b. been diagnosed with, treated, or advised to receive treatment for Alzheimer's Disease, dementia, mental incapacity, organic brain disease or any other cognitive disorder?	☐ Yes ☐ No	☐ Yes ☐ No
c. been diagnosed with, treated or advised to receive treatment for Lou Gehrig's disease (ALS), Huntington's disease or any terminal medical condition?	☐ Yes ☐ No	☐ Yes ☐ No
d. been diagnosed with, treated or advised by a licensed member of the medical profession to receive treatment for Systemic Lupus, Osteoporosis with Fractures, or kidney disease or failure requiring dialysis?	☐ Yes ☐ No	☐ Yes ☐ No
e. used insulin to treat or control diabetes?	☐ Yes ☐ No	☐ Yes ☐ No
f. had any type of Diabetes with Complications including retinopathy, neuropathy, nephropathy, peripheral vascular disease, heart disease, stroke, transient ischemic attack (TIA), high blood pressure, or skin ulcers?	☐ Yes ☐ No	☐ Yes ☐ No
g. been in a diabetic coma or had or been advised to have an amputation due to disease or disorder?	☐ Yes ☐ No	☐ Yes ☐ No
h. been diagnosed with, treated or advised to receive treatment for Cirrhosis, Emphysema, Chronic Obstructive Pulmonary Disease (COPD) or other chronic pulmonary disorders?	☐ Yes ☐ No	☐ Yes ☐ No
i. tested positive for the antibodies to the AIDS (HIV) virus or been diagnosed with, treated, or advised to receive treatment for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	☐ Yes ☐ No	☐ Yes ☐ No

	APPLICANT A	APPLICANT B
j. been diagnosed, treated or advised to receive treatment for any neurological disease or disorder such as Myasthenia Gravis, Multiple or Lateral Sclerosis, or Parkinson's disease?	☐ Yes ☐ No	☐ Yes ☐ No
6. Within the past 2 years have you:		
a. been advised to or do you currently use a wheelchair?	☐ Yes ☐ No	☐ Yes ☐ No
b. been advised to enter or do you reside in a nursing home, assisted living facility, long term care facility, received hospice, attended an adult day care facility, required home health care, or been bedridden?	☐ Yes ☐ No	☐ Yes ☐ No
c. been admitted to a hospital 3 or more times or are you currently admitted to a hospital?	☐ Yes ☐ No	☐ Yes ☐ No
d. been diagnosed, treated or advised to receive treatment for cancer (other than basal cell carcinoma)?	☐ Yes ☐ No	☐ Yes ☐ No
e. been diagnosed, treated or advised to receive treatment for alcoholism or drug abuse, mental or nervous disorder requiring psychiatric care?	☐ Yes ☐ No	☐ Yes ☐ No
f. been diagnosed, treated or advised to receive treatment for heart attack, coronary or carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure or enlarged heart, stroke, transient ischemic attacks (TIA) or heart rhythm disorders?	☐ Yes ☐ No	☐ Yes ☐ No
g. been diagnosed, treated or advised to receive treatment for degenerative bone disease impacting multiple joints, crippling/disabling or rheumatoid arthritis or been advised to have a joint replacement?	☐ Yes ☐ No	☐ Yes ☐ No
h. been advised to have surgery, medical tests, treatment or therapy that has not yet been performed or undergone testing by a medical professional for which the results have not yet been received?	☐ Yes ☐ No	☐ Yes ☐ No
7. Have you been advised by a physician that surgery may be required within the next 12 months for cataracts or have you used or been advised to use oxygen equipment, respirator or a catheter?	☐ Yes ☐ No	☐ Yes ☐ No

If any question in 5, 6 and 7 is answered "YES," please STOP. The Applicant is NOT eligible for underwritten Medicare Supplement.