Application for Individual Whole Life Insurance

- *Print clearly and use blue or black ink.*
- *Use section 7 for additional remarks, requests, or explanations.*
- Mail application and check in the provided business reply envelope to **P.O. Box 14399, Lexington, KY 40512**.

Section 1. Proposed insured information

Proposed insured's name *(first, M.I., last)*

Phone

Residential address *(must be a physical address)*

Apt/suite number

City | **State** | **Zip**

Mailing address *(if different than residential address)*

Apt/suite number

City | **State** | **Zip**

E-mail | **Social Security Number** | **Birth date*** *(mm/dd/yyyy)*

Place of birth | **Age** | ☐ **Male** ☐ **Female**

Are you a legal resident of the United States? ☐ Yes ☐ No

Have you used any form of tobacco in the past 12 months? (Including vaping and e-cigarettes) ☐ Yes ☐ No

Do you have an existing Medicare Supplement policy with Aetna? ☐ Yes ☐ No

If Yes, what is your policy number?

Section 2. Health questions

For the purposes of these questions "you" means the proposed insured. "Diagnosed", "advised", "tested" and "treatment" mean by a licensed physician or medical practitioner. "Terminal condition" means an illness, disease or disorder which would reasonably be expected to cause death within 12 months.

Part A - If you answer "yes" in part A, you are not eligible. Do not complete or submit this application.

1. **Are you currently:**
   - **A.** confined in or been advised to enter a hospital, nursing home, skilled nursing facility, psychiatric facility, correctional facility? ☐ Yes ☐ No
   - **B.** receiving or been advised to receive home health care or hospice care? ☐ Yes ☐ No

2. **Do you use a wheelchair or mobility scooter or do you have any physical or mental impairment requiring assistance from anyone with the following activities of daily living: taking medications, bathing, dressing, eating, toileting, getting in or out of bed or chair, or moving about?** ☐ Yes ☐ No

3. **Within the past year have you:**
   - **A.** used or been advised to use oxygen equipment to assist with breathing (excluding CPAP for sleep apnea) or had or been advised to have kidney dialysis? ☐ Yes ☐ No
   - **B.** been advised to have any medical procedure, surgery or a diagnostic test which has not yet been started, completed, or for which results are not known, excluding tests related to the Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No

4. **Have you ever received, or been advised to receive, an organ or bone marrow transplant or an amputation due to any disease or complications of diabetes?** ☐ Yes ☐ No

Section 2. Health questions *continued*

5. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus), AIDS Related Complex (ARC), or Acquired Immune Deficiency Syndrome (AIDS)? ☐ Yes ☐ No

6. Have you ever been diagnosed with, received or been advised to receive treatment or medication for:

A. Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Huntington's Disease, or sickle cell anemia? ☐ Yes ☐ No

B. Alzheimer's disease, dementia or mental incapacity? ☐ Yes ☐ No

C. congestive heart failure, pulmonary fibrosis, any terminal condition or end-stage disease? ☐ Yes ☐ No

D. cerebral palsy, cystic fibrosis, muscular dystrophy or un-operated heart defects? ☐ Yes ☐ No

7. Within the past 2 years have you been diagnosed with, received or been advised to receive chemotherapy or radiation for any form of cancer (excluding Basal or Squamous cell skin cancer)? ☐ Yes ☐ No

8. Have you ever been diagnosed with more than one occurrence of the same or different type of cancer? ☐ Yes ☐ No

Part B - If any "yes" answers in part B, select ***Modified Plan***.

1. Within the past 2 years have you been diagnosed with, received or been advised to receive treatment or medication for:

A. alcohol or drug abuse (prescribed or illegal), or used illegal drugs; or been convicted of or plead guilty to driving under the influence? ☐ Yes ☐ No

B. complications of diabetes such as diabetic coma, insulin shock, retinopathy (eye disorder), nephropathy (kidney disorder), or neuropathy (nerve, circulatory disorder)? ☐ Yes ☐ No

C. kidney or liver disease? ☐ Yes ☐ No

2. Within the past year have you been diagnosed with, received or been advised to receive treatment for:

A. angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory procedure or surgery? ☐ Yes ☐ No

B. stroke or transient ischemic attack (TIA/mini-stroke), aneurysm or brain tumor? ☐ Yes ☐ No

Part C - If any "yes" answers in part C, select ***Standard Level Plan***.
If all "no" answers in Parts A, B and C select ***Preferred Level Plan***.

1. Within the past 2 years have you been diagnosed with, received or been advised to receive treatment for:

A. angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory procedure or surgery? ☐ Yes ☐ No

B. stroke or transient ischemic attack (TIA/mini-stroke), aneurysm or brain tumor? ☐ Yes ☐ No

2. Have you ever been diagnosed with, received or been advised to receive treatment or medication for:

A. Parkinson's disease, Multiple Sclerosis or Systemic Lupus (SLE)? ☐ Yes ☐ No

B. chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema or any other chronic respiratory condition? ☐ Yes ☐ No