

Pre-Qualification, Medical Information & Exclusions

If any answer to questions 1 through 5 is Yes, you are not eligible for coverage.

IF EITHER APPLICANT IS BETWEEN THE AGES OF 64 1/2 and 65 1/2, AS OF THE DATE OF THIS APPLICATION, SKIP QUESTIONS 1 THROUGH 5 UNDER THE ADVANTAGE PLUS LIMITED BENEFIT HOSPITAL CONFINEMENT INDEMNITY POLICY SECTION OF THIS APPLICATION.

NOTE: Pre-existing Condition limitations apply without regard to answering questions 1 through 5 under the Advantage Plus Limited Benefit Hospital Confinement Indemnity Policy section of this Application.

Advantage Plus Limited Benefit Hospital Confinement Indemnity Policy

	Applicant 1	Applicant 2
1. In the past 3 months has either Applicant been confined as an inpatient to a hospital or nursing home or received any home health care services?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. In the past 12 months has either Applicant had, been treated for or been diagnosed by a medical professional as having a heart attack, congestive heart failure, stroke, Transient Ischemic Attack (TIA), heart surgery/bypass, Peripheral Vascular Disease, malignant melanoma or cancer (other than skin cancer)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. In the past 12 months has either Applicant had, been treated for or been diagnosed by a medical professional as having Chronic Obstructive Pulmonary/Lung Disease (COPD/COLD), emphysema, chronic bronchitis, diabetes treated with insulin, dementia, Alzheimer's disease, or chronic liver or chronic kidney disease?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. In the past 12 months has either Applicant been advised by a medical professional to have surgery which will require an inpatient stay but have not yet done so?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5. Has either Applicant ever been treated for or been diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Lump Sum Cancer Rider (To be completed if applying for Lump Sum Cancer Rider)

If any answer to questions 1 through 3 is Yes, you are not eligible for this rider.

	Applicant 1	Applicant 2
1. In the past 5 years has any person to be insured had, been diagnosed as having, or been treated by a medical professional for:		
a. Chronic Obstructive Pulmonary/Lung Disease (COPD/COLD), emphysema or chronic bronchitis requiring the use of two or more medications?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Leukemia, Hodgkin's Disease, lymphoma, malignant melanoma, sarcoma, or any internal cancer, or had radiation or chemotherapy for any of these conditions or a pre-leukemic condition or a pre-malignant condition?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. In the past 5 years, has any person to be insured had, been diagnosed as having, received medication for, or been treated by a physician or an appropriately licensed clinical professional acting within the scope of his/her license for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. Within the past 24 months, has any person to be insured:		
a. Been advised by a medical professional that a diagnostic test was needed or had any abnormal diagnostic test results?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Had a symptom or abnormality that would cause a person to seek medical attention or advice?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Critical Accident Benefit Rider (To be completed if applying for Critical Accident Benefit Rider)

If any answer to questions 1 through 3 is Yes, you are not eligible for this rider.

1. In the past 3 years has any person participated or intend to participate in flying as a private pilot or crew member, skydiving, parachuting, hang gliding, organized racing (water, land or air), testing cars on a racetrack or speedway, mountain climbing, spelunking, rodeo practice or participation, bungee jumping, in collegiate sports, or participated in any sporting event for pay or prize money?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. In the past 3 years has any person had any injuries incurred and resulting from hazardous occupations such as circus worker, commercial fisherman, crop dusters, farm laborers, firefighters, lumberjacks, oil field workers, police, quarry worker, rodeo riders, security guards, underground miners, or window washers?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. In the past 12 months has any person been prescribed medication or had surgery or recommended surgery, or undergone therapy for a back, neck or joint disorder?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No