

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	<input type="checkbox"/> Male
.	.	<input type="checkbox"/> 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