

HEALTH INFORMATION

1. Height Weight Change of weight in the last 12 months? (reason)
2. Within the last 10 years, have you received treatment or been advised to seek treatment for drug or alcohol abuse? Y N Tobacco or Marijuana use? Y N If yes, amount, how often
3. Within the last 10 years, have you filed a claim for disability benefits? Y N
4. Within the last 10 years, has any application submitted for accident, sickness, hospitalization, major medical or life insurance been declined, postponed, or increased in rate? Y N
5. Is foreign travel or residence contemplated? Y N yes? Details
6. Do you ever engage in hazardous sports, hobbies, or activities? Y N
7. Have you ever been declined, postponed, or rated on a previous disability insurance application policy? Y N

If yes, answered to any of the following questions, please provide details.

Question #	Date	Condition	Result

8. Have you consulted or been treated by a licensed physician, psychotherapist, psychologist, or other health care provider in the last 10 years? (other than routine checkup) Y N yes, provide details

9. Provide details if you're taking prescription medication or taken prescription medication in the last 3 years

Medication Name	Dosage/Frequency	Reason for Medication

10. To the best of your knowledge, are you now in good health and free from mental or physical impairment, abnormality, injury, or disease? Y N I no, provide details

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