

What is your height?

What is your weight?

In the past 3 months have you had or been recommended to have diagnostic testing (except those relating to HIV and excluding those done for routine screening, or orthopedic/bone or joint evaluation)? Yes No

In the past 12 months, have you used any type of nicotine, tobacco, or smoking cessation products? Yes No

In the past 5 years, have you plead guilty to or been convicted of driving while impaired, reckless driving, or is your license currently suspended or revoked? Yes No

In the past 10 years, have you plead guilty to or been convicted of a felony, or are currently on probation, parole, or have pending felony charges? Yes No

Within the past 10 years, have you been diagnosed, treated, or given medical advice from a member of the medical profession for:

a. Cancer, leukemia, lymphoma, melanoma, brain tumor, or any malignant tumor (excluding basal cell or squamous cell carcinoma of the skin)? Yes No

b. Coronary artery or heart disease, heart attack, angina, congestive heart failure, enlarged heart, heart surgery, pulmonary embolism (within the last 6 months), peripheral vascular disease or carotid artery disease, or use of a pacemaker or defibrillator? Yes No

c. Cirrhosis, Liver disease or disorder (excluding Hepatitis A, B or C)? Yes No

d. Kidney disease or disorder (excluding kidney stones, cysts or infections)? Yes No

e. Organ transplant recipient, Crohn's disease or Ulcerative Colitis (if hospitalized or diagnosed in the past 6 months), Pancreatitis, or Lupus/SLE, or Scleroderma? Yes No

f. Respiratory or Lung disease or disorder (excluding asthma, allergies or treated sleep apnea)? Yes No

g. Diabetes or High Blood sugar? Yes No

h. Schizophrenia, personality disorders, attempted suicide or have you been hospitalized within the last 5 years for any mental health disorder or disease? Yes No

i. Multiple sclerosis, dementia, cognitive impairment, Parkinson's, ALS/Lou Gehrig's, paralysis, muscular dystrophy, stroke/TIA (mini stroke), or other neurological disease or brain disorder (excluding seizures)? Yes No

In the past 10 years, have you:

a. Been advised to, or received treatment or counseling by a member of the medical profession to, limit or discontinue the use of alcohol, non-prescribed or prescribed drugs, or have you participated in a support group for alcohol or drug use? Yes No

b. Used, or tested positive by a member of the medical profession for cocaine, heroin, non-prescribed amphetamines or hallucinogens? Yes No

Have you ever been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), or tested positive for Human Immunodeficiency Virus (HIV)? Yes No

Are you permanently disabled, receiving disability benefits (including social security benefits), or currently confined to a hospital or assisted living facility? Yes No

Has a natural parent or sibling ever been diagnosed or treated by a member of the medical profession for Huntington's disease or Polycystic Kidney disease? Yes No

If your client has used nicotine, e-cigarette or vaping products within the last 12 months.



- There are 18 medical knock-out questions
- Once application is submitted, we run additional checks behind the scene
 - Medical information bureau
 - Motor vehicle registration
 - Prescription history check
 - Identification
- See the Simple Term with Vitality "Underwriting Guide" for more information, including a list of disqualifying occupations and prescription drug exclusions.