

**Coronavirus  
COVID-19 Questionnaire** ICC22 5170



AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

<b>Proposed Insured</b> <i>(Last, First, Middle Initial)</i> (please print) Shoff, Theresa M	<b>Birthdate</b> <i>(Month/Day/Year)</i> 02/09/1953	<b>Policy Number</b> <i>(if known)</i> AM01399916
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1. Are you currently receiving medical advice or treatment from a licensed member of the medical profession related to a diagnosis of COVID-19 (Coronavirus) infection? .....  Yes  No

2. Since January 1, 2020, have you:

a. been admitted to, or received inpatient care in a hospital or any medical facility related to a diagnosis of COVID-19 (Coronavirus) infection? .....  Yes  No

b. been treated by a licensed member of the medical profession by being placed on a respirator to assist in breathing related to a COVID-19 (Coronavirus) infection? .....  Yes  No

3. Within the past 6 months, have you sought treatment from or been advised by a licensed member of the medical profession for shortness of breath, extreme fatigue, difficulty concentrating or evidence of heart, lung, or kidney impairment related to a previous COVID-19 infection? .....  Yes  No

I represent to Americo Financial Life and Annuity Insurance Company that the above answers are true, complete, and correctly recorded to the best of my knowledge and belief. I also understand that this signed form will be used during the underwriting process and any misstatements may affect my ability to obtain coverage. I agree that the above answers will form a part of my application and that the Company can rely on these answers to determine my eligibility for insurance.

**IMPORTANT FRAUD NOTICE:**  
**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.**

Signed at (state) PA on (Month/day/Year) 8/15/2022

Signed by Electronic Signature  
 Signature of Proposed Insured *(required)*

Signed by Electronic Signature  
 Signature of Witness/Agent

Jon Schwartz  
 Printed Name of Witness/Agent