Section D — HEALTH INSURABILITY QUESTIONS

Question	Yes	No
1. **Within the past 12 months,** have you used any of the following: • wheelchair • walker • nebulizer • electric scooter • quad cane • oxygen • dialysis	☐	☐
2. **Within the past 12 months** have you received, or been advised to receive • care in a residential, assisted living or adult day care facility • nursing home or home health care services	☐	☐
3. **Within the past 12 months,** have you required personal assistance or supervision of any kind for any of the following: • bathing, eating, dressing, toileting, getting in or out of a chair or bed, managing your bowel or bladder • taking medications, paying bills or managing your finances, laundry, housework, shopping or other routine household chores • walking outdoors, climbing stairs, transportation, using the telephone	☐	☐
4. Have you been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) Infection (symptomatic or asymptomatic)?	☐	☐
5. **Within the past 12 months,** have you been issued a handicap placard or license plate for your personal use, or have you been eligible for, or received, Social Security Disability or other disability benefits?	☐	☐
6. Do you have Diabetes either requiring insulin or with vascular disease, retinopathy, neuropathy, kidney disease, skin infections, ulcers, or delayed wound healing?	☐	☐
7. **Within the past 12 months** have you received, or been advised to receive medical care for, any of the following: • Alzheimer's Disease, Dementia, Memory Loss, Forgetfulness • Cardiomyopathy, Congestive Heart Failure, Stroke, Transient Ischemic Attack (TIA) • Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Cystic Fibrosis • Cirrhosis, Chronic Hepatitis, Kidney Failure, Organ Transplant, Bone Marrow Transplant • Mental Retardation, Psychosis, Schizophrenia • Amputation, Paralysis, Paraplegia, Quadriplegia • Amyotrophic Lateral Sclerosis (ALS), Huntington's Chorea, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Parkinson's Disease • Systemic Lupus, Scleroderma	☐	☐
8. **Within the past 5 years,** have you been diagnosed with, treated or advised to be treated for, alcohol or drug abuse, or have you received inpatient psychiatric care?	☐	☐
9. Do you have Arthritis, a Back or Spine Disorder, Fibromyalgia, Polymyalgia Rheumatica, Osteoporosis, Neuropathy, Chronic Fatigue Syndrome, or any other condition requiring the use of narcotics, or assistive devices, or which results in physical limitations?	☐	☐
10. **Within the past 12 months,** have you been diagnosed with, or received treatment for, cancer (except non-melanoma skin cancer)?	☐	☐
11. **Within the past 2 years,** have you had two or more falls, a balance disorder, dizziness, difficulty walking, weakness or persistent fatigue?	☐	☐
12. **Within the past 3 years,** have you been declined or denied reinstatement for long-term care insurance?	☐	☐

DO NOT CONTINUE IF YOU ANSWERED "YES" TO ANY QUESTIONS IN SECTION D ABOVE.
YOU ARE NOT ELIGIBLE FOR THIS PRODUCT.

SUBMIT TO HOME OFFICE