6. **HAVE YOU EVER BEEN TREATED OR DIAGNOSED BY A LICENSED MEMBER OF THE MEDICAL PROFESSION FOR:**

Details:

	Yes	No
a. Seizure, fainting, stroke, loss of consciousness, tremor, paralysis, multiple sclerosis, epilepsy, or any disease or abnormality of the brain?	☐	☐
b. High blood pressure, heart attack, murmur, palpitation, or anemia or any disease or abnormality of the heart, blood vessels or blood?	☐	☐
c. Asthma, chronic bronchitis, pneumonia, emphysema, tuberculosis or any disease or abnormality of the lungs, bronchial tubes or respiratory system?	☐	☐
d. Ulcer, colitis, hepatitis, cirrhosis, or any disease or abnormality of the esophagus, stomach, intestines, rectum, gallbladder or liver?	☐	☐
e. Sugar, protein or blood in urine, sexually transmitted disease, stone or any disease or abnormality of the kidney, bladder, prostate, breasts, ovaries or reproductive system?	☐	☐
f. Diabetes or any disease or abnormality of the thyroid, adrenal, pituitary or other glands?	☐	☐
g. Arthritis, gout, connective tissue disease, back trouble or any disease or abnormality of the joints, muscles or bones?	☐	☐
h. Any disease or abnormality of the eyes, ears, nose, throat or skin?	☐	☐
i. Cancer, tumor, polyp or cyst?	☐	☐
j. Any physical deformity or amputation?	☐	☐
k. Anxiety, depression, suicide attempt or any psychiatric, mental or emotional condition?	☐	☐

	Yes	No
7. Have you ever tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?	☐	☐

8.

	Yes	No
a. Within the past ten years, have you ever used sedatives, amphetamines, barbiturates, morphine, cocaine/crack, methamphetamine, Ecstacy (MDMA), heroin, marijuana, LSD, PCP except as prescribed by a physician?	☐	☐
b. Have you ever been treated or counseled or been advised to seek treatment or counseling by a licensed medical professional for the use of alcohol, drugs or other substance or joined an organization for alcohol or drug dependence or abuse?	☐	☐

9. **OTHER THAN WHAT YOU HAVE ALREADY DISCLOSED, WITHIN THE PAST FIVE YEARS HAVE YOU BEEN TREATED OR DIAGNOSED BY A LICENSED MEMBER OF THE MEDICAL PROFESSION FOR:**

	Yes	No
a. An X-ray, electrocardiogram, laboratory test or other diagnostic study?	☐	☐
b. Observation or treatment at a clinic, hospital or other medical facility?	☐	☐
c. Or been advised to have a surgical procedure?	☐	☐
d. Dizziness, shortness of breath, pain or pressure in the chest, or persistent fever?	☐	☐
e. Any injury requiring treatment?	☐	☐

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10.

	Yes	No
a. To the best of your knowledge and belief, have any of your parents, brothers, sisters, or grandparents ever had cancer, diabetes, heart disease, mental illness or attempted suicide?	☐	☐
b. Has your weight changed by more than 15 pounds in the past year?	☐	☐
c. Has any application for life, health, disability or long term care insurance been declined, withdrawn, postponed, rated, modified, issued with exclusion rider, cancelled or non-renewed?	☐	☐
d. Have you been told by a licensed member of the medical profession that you are now pregnant?	☐	☐