



**CRITICAL ILLNESS INSURANCE**

Employee     Spouse     Child(ren)

Has any Proposed Insured used any form of tobacco in the last 12 months?.....	Employee		Spouse	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**Base Plan**     Vascular     Cancer     Other Critical Illnesses

**Base Benefit**    Benefit Amount \$    ,       Total Modal Premium \$    .

**Optional Benefits**     Health Screening     Automatic Benefit Increase

**Section I: Complete this Section if applying for Guarantee Issue.**

	Employee		Spouse		Child 1		Child 2		Child 3	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Are you Actively at work?.....	<input type="radio"/>	<input type="radio"/>								
2. Will this coverage replace a critical illness policy or certificate of insurance paid for, by, or through your employer?.....	<input type="radio"/>	<input type="radio"/>								

**Section II: Complete this Section and Section I if applying for Contingent Guarantee Issue.**

3. Has the Proposed Insured been performing their normal duties at work, home, or school on a full-time basis and not having missed more than 5 consecutive days in the last 12 months due to illness or injury, except for normal pregnancy?.....	<input type="radio"/>	<input type="radio"/>								
4. Is any Proposed Insured now being treated, or ever been treated or diagnosed, by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or ever tested positive for the antigens or antibodies to an AIDS virus?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the 6 months prior to the application date, has any Proposed Insured been hospitalized as an inpatient or outpatient, or missed more than 5 consecutive days of work due to an illness or injury, except for normal pregnancy?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section III: Complete this Section, Section I and Section II if applying for Simplified Issue. In questions 6 and 7, complete items A, B and/or C as appropriate.**

6. Within the past 5 years, has any Proposed Insured been diagnosed with or treated for:										
A) <b>Vascular:</b> Heart disease, including angina; heart attack; congestive heart failure; heart bypass; cerebrovascular disease, including Transient Ischemic Attack (TIA); stroke (blockages or hemorrhage); diabetes; or blood pressure readings above the normal range which have not been controlled with medication?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) <b>Cancer:</b> Cancer, including melanoma; leukemia; malignant tumors; or skin cancers?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) <b>Other:</b> Drug abuse or alcohol abuse; disease of the liver, kidney or digestive system; disease or disorder of the lung; diabetes; diseases of the nervous system, including Parkinson's, MS and cerebral palsy; or any disease or disorder which has led or may lead to a permanent or progressive loss of vision, hearing, or speech?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. To the best of your knowledge and belief, have any 2 of your natural parents or natural siblings (sisters or brothers) been diagnosed with the same disease before age 60 based on the following list:										
A) <b>Vascular:</b> Heart attack, heart disease or stroke?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) <b>Cancer:</b> Cancer?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) <b>Other:</b> Kidney disease or diabetes?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. A) Proposed Insured Height (Ft-In) Weight  
[ ] - [ ][ ] [ ][ ][ ]

B) Spouse Height (Ft-In) Weight  
[ ] - [ ][ ] [ ][ ][ ]

C) Child One Height (Ft-In) Weight  
[ ] - [ ][ ] [ ][ ][ ]

D) Child Two Height (Ft-In) Weight  
[ ] - [ ][ ] [ ][ ][ ]

E) Child Three Height (Ft-In) Weight  
[ ] - [ ][ ] [ ][ ][ ]

**EMPLOYEE'S REPRESENTATION AND AGREEMENT**

**Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud.**

The above statements are true and complete to the best of my knowledge and belief. I understand and agree that the above statements are representations and not warranties.

Signed At \_\_\_\_\_ [ ][ ]  
City State

\_\_\_\_\_  
Signature of Proposed Insured/Owner

[ ][ ] / [ ][ ] / [ ][ ][ ][ ]  
Date (MM/DD/YYYY)

**INSURANCE PRODUCER'S USE**

I certify any information recorded by me on this Application is true and accurate to the best of my knowledge and belief.

Date (MM/DD/YYYY)

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Signature of Licensed Insurance Producer \_\_\_\_\_  
(Not required)

Insurance Producer Number


% Credit


Insurance Producer Number


% Credit
