

The Questions - SPUL

5. HEALTH INFORMATION

Please state the Proposed Insured's height and weight .

1. In the past 12 months, has the Proposed Insured used tobacco or nicotine products in any form (including but not limited to cigarettes, cigars, pipe tobacco, chewing tobacco and snuff)? Yes No
2. Has the Proposed Insured been:
 - a. Diagnosed with or treated within the last 5 years by a licensed member of the medical profession for: congestive heart failure or cancer, other than basal cell skin cancer? Yes No
 - b. Diagnosed with or treated within the last 10 years by a licensed member of the medical profession for: heart disease, heart attack, stroke, mini-stroke, heart valve disease, aneurysm, peripheral vascular disease, carotid artery disease, Alzheimer's disease, dementia, emphysema, chronic obstructive pulmonary disease (COPD) or chronic bronchitis? Yes No
 - c. Diagnosed with or treated within the last 10 years by a licensed member of the medical profession for infection with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS)? Yes No
 - d. Declined, refused or turned down for life insurance? Yes No
3. In the past 2 years, has the Proposed Insured had more than 1 conviction for reckless driving or for driving under the influence of alcohol or drugs (DUI or DWI)? Yes No