

Client Name: _____

Date: ___/___/_____

1. Do you or your spouse have or are currently applying for other critical illness or lump sum benefit coverage for cancer or other specified conditions?
2. Do you intend for this GRIC policy to replace existing coverage?
3. Have you or your spouse been previously declined for critical illness or lump sum benefit insurance for cancer or other specified conditions? Provide date and reason for decline: _____
4. Has any applicant smoked cigarettes or used tobacco in any form (including smokeless tobacco) or nicotine substitute within the past 12 months?
5. During the past 24 months, have you or your spouse: a. Consulted a health care provider for any condition or symptom(s) for which a diagnosis has not been established?
6. Been advised to undergo any treatment, hospitalization, or surgery which has not yet been completed?
7. In the last 10 years, have you or your spouse been diagnosed with or received medical care from a member of the medical profession for any of the following:
 - a. Heart attack, Cardiomyopathy, bypass/stents/angioplasty, atrial fibrillation, implant of pacemaker/defibrillator, heart surgery (including valve replacement or correction), congestive heart failure?
 - b. Stroke/transient ischemic attack?
 - c. Chronic Obstructive Pulmonary Disease (COPD) or chronic lung disease, Emphysema, Sarcoidosis, pulmonary fibrosis?
 - d. Diabetes (except gestational diabetes) organ transplant (or awaiting an organ transplant), kidney disease or disorder (not including stones), liver disease or disorder (excluding Hepatitis A), Hepatitis B or C?
 - e. Tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness derived from such an infection?
 - f. Any cancer (other than a single occurrence of skin cancer), Carcinoma in Situ, Leukemia, Hodgkin's or Non-Hodgkin's Lymphoma, Alzheimer's or senile dementia excluding: (i) breast cancer if cancer free for more than 2 years; and (ii) routine follow-up care to determine if breast cancer has recurred in a person previously determined to be free of breast cancer, unless the follow-up care finds evidence of breast cancer?
 - g. Paralysis, Multiple Sclerosis, Muscular Dystrophy, Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)?
 - h. Glaucoma or macular degeneration?
 - i. Cochlear implants or Meniere's Disease?

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8. During the past 24 months, have you or your spouse been diagnosed with, received medical care from a member of the medical profession for, or experienced symptoms of any of the following:

- a. Unexplained weight loss, unexplained fatigue, unexplained dizziness?
- b. Recurrent breast tumors, or unexplained tumors/growths, abnormal pap smear without normal follow-up pap smear?
- c. Disorder of the heart or circulatory system, vascular insufficiency (circulatory problems), pulmonary hypertension, chest pains, irregular heart beat, Tachycardia?
- d. Recurrent Human Papillomavirus (HPV)?
- e. Systemic Lupus Erythematosus (SLE), Cystic Fibrosis?
- f. Alcohol abuse, drug abuse?
- g. Any disease or disorder which has led or may lead to a permanent or progressive loss of vision, hearing or speech?

9. Is any applicant employed in any of the following occupations:

- a. Transportation of hazardous materials (HAZMAT)
- b. Demolition or any handling or transport of explosives
- c. Logging industry (any outdoor occupation in this industry)
- d. Any offshore occupation in fishing, salvage, oil, or natural gas industry
- e. Professional diving or diving attendants
- f. Stunt, carnival or circus workers, or professional rodeo performers
- g. Underground mining workers
- h. Structural iron or steel workers (greater than 2 stories)

10. During the past 24 months, did any applicant engage in, or in the next 12 months, does any applicant plan to engage in, any of the following activities:

- a. Driving a motorcycle
- b. Motorized racing (includes drivers, pit crew, owners, mechanics, speed test, or stunt show)
- c. Competitive skiing, snowboarding, biking, or skateboarding
- d. Sky diving, parachute jumping, hang gliding, or parakiting
- e. Skin or scuba diving (deeper than 60 feet and more than once per year)
- f. Rock/Mountain climbing
- g. Student pilot (airplane, helicopter, glider, ultra-light)
- h. Pilot or crew member of a non-commercial aircraft (airplane, helicopter, glider, or hot air balloon)

11. During the past 5 years, has any applicant:

- a. Been convicted of a felony?
- b. Been convicted of driving under the influence of drugs or alcohol?
- c. Been convicted of reckless driving or had three or more moving violations?
- d. Had his/her driver's license suspended or revoked?

12. Does any applicant intend to replace any existing life insurance?