Section 3 | Insurability Information |

Applicant: Height: ____ ft. _____ in. Weight _____lbs.

Spouse/DP: (if applying): Height: ____ ft. ____ in. Weight _____lbs.

		Self	**Spouse/ DP**
1.	Within the past 10 years, have you ever been diagnosed with, treated for, or received medical advice from a healthcare professional for any of the following conditions: heart disease, chronic lung disease, major organ transplant, coronary artery disease, heart attack, angina, angioplasty, stent replacement or bypass surgery, atrial fibrillation, valvular heart disease, carotid artery disease, cerebral vascular disease, brain aneurysm, stroke (CVA) or transient ischemic attack (TIA), peripheral vascular disease, cancer (including, but not limited to, carcinoma, sarcoma, Hodgkin's Disease tumor, Leukemia, lymphoma, in situ, malignant tumor, melanoma and basal cell or squamous cell carcinoma), liver disease, impaired kidney function, diabetes, AIDS, HIV, ARC, or chronic obstructive pulmonary disease (COPD)?	☐Yes ☐No	☐Yes ☐No
2.	For any condition listed in question 1, within the past 2 years, have you had any abnormal diagnostic tests for which you are awaiting results or have you been advised by a healthcare professional to seek consultation with a medical professional or to undergo diagnostic testing (including self-administered) but have not done so?	☐Yes ☐No	☐Yes ☐No
3.	Within the past 5 years, have you been diagnosed with, treated for or received medical advice from a healthcare professional for alcohol or drug abuse?	☐Yes ☐No	☐Yes ☐No
4.	Are you currently receiving, or within the past 2 years, have you received or applied for Social Security Disability Income Benefits?	☐Yes ☐No	☐Yes ☐No

- If you answered "**Yes**" to any part of any part of any question in Section 3 above, **PLEASE DO NOT CONTINUE.** We regret that we cannot offer you critical illness coverage.
- If you answered **"Yes**" to any part of any question in Section 3 above for "**Spouse/DP**", we regret that we cannot offer critical illness coverage to your spouse/domestic partner.
- For applicants answering "**No**" to all of the questions, please **CONTINUE**.