AMERICAN NATIONAL

7. Medical History

Part 1: The Proposed Insured is not eligible for life insurance if any question in Part 1 is answered **Yes**.
If all questions are answered **No**, proceed to Part 2.

1. Has the Proposed Insured **EVER** been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS)? .... ☐ Yes ☐ No
2. In the **last 2 years**, has the Proposed Insured been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for: a heart attack, stroke, cirrhosis of the liver; or cancer (other than non-melanoma skin cancer)? .... ☐ Yes ☐ No
3. Is the Proposed Insured currently hospitalized, confined to a bed, in a nursing home or hospice? .... ☐ Yes ☐ No

Part 2: The Proposed Insured is only eligible for a modified death benefit if any question in Part 2 is answered **Yes**.
If all questions are answered **No**, proceed to Part 3.

4. **In the past 5 YEARS, has the Proposed Insured been diagnosed, treated, or consulted with a member of the medical profession for:**
    a. an organ transplant, or been on a waiting list for an organ transplant? .... ☐ Yes ☐ No
    b. renal failure or received kidney dialysis? .... ☐ Yes ☐ No
    c. heart valve replacement, implanted defibrillator, cardiomyopathy, congestive heart failure, or aneurysm? .... ☐ Yes ☐ No
    d. Alzheimers, dementia? .... ☐ Yes ☐ No
    e. Chronic Hepatitis B or C? .... ☐ Yes ☐ No
    f. leukemia or lymphoma (Hodgkins or non-Hodgkins), cancer (other than basal cell skin cancer), or malignant melanoma? .... ☐ Yes ☐ No
    g. stroke, Cerebral Vascular Accident (CVA), or Transient Ischemic Attack (TIA)? .... ☐ Yes ☐ No
    h. Alcohol or Drug Abuse? .... ☐ Yes ☐ No
    i. tested positive for human immunodeficiency virus (HIV)? .... ☐ Yes ☐ No
5. In the **past 2 years**, has the Proposed Insured had any of the following: coronary angioplasty, coronary artery bypass surgery, or coronary artery stenting? .... ☐ Yes ☐ No

Part 3: The Proposed Insured may require graded death benefit if 1 of the following questions is answered **Yes**.
The Proposed Insured may require modified death benefit if 2 or more questions are answered **Yes**.
If all questions are answered **No**, Proposed Insured may qualify for level death benefit.

6. **In the past 2 YEARS, has the Proposed Insured been diagnosed, treated, or consulted with a member of the medical profession for:**
    a. Chronic Obstructive Pulmonary Disease (COPD) or emphysema? .... ☐ Yes ☐ No
    b. complications from diabetes (including vision problems, kidney problems, nerve problems, numbness, or amputations as a result of diabetes)? .... ☐ Yes ☐ No
    c. diabetes requiring insulin? .... ☐ Yes ☐ No
    d. a psychiatric condition requiring hospitalizations or extended in-patient care? .... ☐ Yes ☐ No
    e. Multiple Sclerosis or Parkinson Disease? .... ☐ Yes ☐ No
    f. Crohn's disease or ulcerative colitis? .... ☐ Yes ☐ No
    g. atrial fibrillation? .... ☐ Yes ☐ No
7. In the **past 2-5 years**, has the Proposed Insured been diagnosed, treated, or consulted with a member of the medical profession for any of the following: heart attack, coronary artery bypass, coronary artery angioplasty, or coronary artery stenting? .... ☐ Yes ☐ No

8. Product Information

    a. Plan Type: .... ☐ Level Death Benefit ☐ Graded Death Benefit ☐ Modified Death Benefit

    b. **Requested** Face Amount _____

Client Name: _____   Residence State: _____

Date of Birth: _____   Height: _____   Weight: _____

List of prescription drugs:

1. _____   Reason for taking prescription: _____

2. _____   Reason for taking prescription: _____

3. _____   Reason for taking prescription: _____

4. _____   Reason for taking prescription: _____

5. _____   Reason for taking prescription: _____

Additional Comments: