



Preferred Checklist

Print Name of Applicant: _____ SSN: _____

Please answer the following questions. For any “yes” answers, please provide comments below. These questions are only one factor considered in making a determination of eligibility for a preferred price class. All applicants seeking a preferred price class will be subject to a paramedical exam, including blood and urine samples. A final decision regarding the price class will be based on our underwriting guidelines and experience.

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Have you used any tobacco products, nicotine gum, nicotine patch, nicotine nasal spray, or similar nicotine-containing products: | | |
| a. In the past 5 years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. In the past 2 years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. In the past 1 year?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been treated for or been medically advised to have treatment for the use of drugs or alcohol?.... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a record of conviction for driving while intoxicated (DWI) or driving under the influence of alcohol (DUI) in the last 10 years, or for any moving violations in the last 5 years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (If “yes,” list all incidents below, giving the month, year, and offense.) | | |
| 4. Have you been treated for or been medically advised to have treatment for any of the following: | | |
| a. Blood pressure?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cholesterol?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Heart disease?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Diabetes?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Any cardiovascular disease?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Cancer (excluding non-melanoma skin cancer)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you engage in any of the following hazardous activities: aviation; parachuting; hang-gliding; ultralighting; ballooning; gliding; space travel; SCUBA diving below 60 feet; cave, air-supplied or salvage diving; white water rafting or kayaking; auto, motorcycle or motorboat racing or stunting; rock or mountain climbing; bungee jumping? | <input type="checkbox"/> | <input type="checkbox"/> |
| (If “yes,” describe below, giving your level of expertise, frequency of participation, and level of risk. For aviation activities, give purpose of flights, crew position, type of aircraft, and number of hours flown yearly. Do not include flight in regularly scheduled commercial aircraft or any activities performed only pursuant to military, police, fire, or EMS duty.) | | |
| 6. Did either parent or any sibling die of a heart attack (i.e., myocardial infarction, coronary artery disease) or congestive heart failure before age 60, to the best of your knowledge?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If 5Star Life is unable to offer you the price class you applied for, will you accept another price class for an additional cost? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

AGREEMENT: I represent that all statements and answers in this Preferred Checklist are complete, true, and correctly recorded, **TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Signature of Applicant: _____ Date: _____

Note: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement to prison. **DC Residents: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant. **New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.