



## 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.

**Yes No**

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? .....
  - b. In the past 2 years? .....
  - c. In the past 1 year?.....
  
2. Have you been treated for or been medically advised by a licensed medical provider to have treatment for the use of drugs or alcohol? .....
  
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?.....    
 (If “yes,” list all incidents below, giving the month, year, and offense.)
  
4. Have you been treated for or been medically advised by a licensed medical provider to have treatment for any of the following:
  - a. Blood pressure? .....
  - b. Cholesterol?.....
  - c. Heart disease?.....
  - d. Diabetes?.....
  - e. Any cardiovascular disease?.....
  - f. Cancer (excluding non-melanoma skin cancer)?.....
  
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? .....    
 (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?.....
  
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? .....

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 is guilty of a felony of the third degree.