

Pre-Qualification Health Checklist

LIFE INSURANCE PRODUCTS

Before starting an application for a life insurance product, review the Pre-Qualification Health Checklist with your client – which will also appear in Section D of the Application. Any “Yes” response or pending surgeries result in automatic decline of coverage. If pre-qualification is successful, you may complete the application. After the application is completed, you may proceed with the point-of-sale telephone interview to seek conditional underwriting approval. Your client must be present for the telephone interview.

1. Verify the proposed insured’s height and weight.

2. Are you currently hospitalized, bedridden, receiving hospice or home health care, confined to a nursing home, assisted living facility, convalescent care or mental facility or have been hospitalized more than twice in the last 24 months? YES NO

3. Within the last 12 months, have you used supplemental oxygen, walker, wheelchair, urinary catheter, had a blood transfusion or had a pacemaker or defibrillator installed? YES NO

4. Have you ever been medically diagnosed by a member of the medical profession, treated or hospitalized for:

- a. Acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC) or tested positive for the HIV virus? YES NO
- b. Chronic kidney disease or kidney (renal) insufficiency or kidney or liver failure or required dialysis, paralysis of 2 or more extremities or have you been diagnosed with a terminal illness (life expectancy less than 12 months)? YES NO
- c. Alzheimer’s disease, dementia, memory loss or impairment, mental incapacity, schizophrenia, bipolar disorder or organic brain syndrome? YES NO
- d. Muscular dystrophy, vasculitis, or hemophilia? YES NO
- e. Pulmonary fibrosis, pulmonary hypertension, cardiomyopathy, or congestive heart failure? YES NO
- f. Lou Gehrig’s disease (ALS), Huntington’s disease, scleroderma, or organ transplant? YES NO

5. Have you been diagnosed by a member of the medical profession with diabetes prior to age 30 or have you ever been treated by a member of the medical profession for diabetic retinopathy, neuropathy, or nephropathy, or had insulin shock or diabetic coma? YES NO

6. Within the past 3 years, have you been:

- a. Diagnosed by a member of the medical profession with internal cancer or melanoma, leukemia, lymphoma or have you ever had more than one occurrence of cancer or metastasis (excluding basal or squamous cell skin cancer) or are you currently being treated by a member of the medical profession for cancer or reoccurrence of cancer? YES NO
- b. Diagnosed by a member of the medical profession, treated, or taken medication for cirrhosis, liver failure, chronic pancreatitis, or chronic hepatitis? YES NO
- c. Convicted of reckless driving, operating a vehicle while impaired or under the influence of drugs or alcohol (DWI/DUI)? YES NO

7. In the past 24 months, have you consulted a physician, or been diagnosed or treated by a member of the medical profession for:

- a. Uncontrolled high blood pressure, chest pain or angina, heart attack or failure, irregular heart rhythm, heart surgery, stroke, transient ischemic attack (TIA), abdominal aortic aneurysm, valve repair or replacement or had any procedure to improve the circulation of the heart, brain or extremities? YES NO
- b. Any respiratory disease including chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, respiratory failure or required oxygen equipment to assist in breathing? YES NO
- c. Any neuromuscular disease including Multiple Sclerosis, grand mal seizures, or Parkinson’s disease? YES NO
- d. Rheumatoid arthritis, system lupus erythematosus (SLE) or other connective tissue disease requiring joint replacement, or have you had any amputation caused by disease? YES NO

8. Within the past 5 years, have you:
- a. Used illegal drugs, been treated or advised to have treatment by a physician, or excessively used alcohol or drugs of abuse (including prescription drugs, except as prescribed by a physician)? YES NO
 - b. Attempted suicide? YES NO
 - c. Been diagnosed by a member of the medical profession, treated or hospitalized for chronic pain with daily narcotic use? YES NO
 - d. Been convicted of a felony, awaiting trial for a felony or are you currently on probation or parole? YES NO
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9. In the past 10 years has the proposed insured been diagnosed, treated, tested positive for, or given medical advice by a member of the medical profession for 2 or more of the following impairments: Insulin dependent diabetes, heart attack or heart valve replacement, Stroke or Transient Ischemic Attack (TIA), carotid artery disease, Peripheral Vascular Disease (PVD), Peripheral Artery Disease (PAD) or had multiple strokes or Transient Ischemic Attacks (TIA)? YES NO
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10. Are you currently receiving assistance or supervision with eating, bathing, dressing, walking, toileting, or getting out of a chair? YES NO
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11. In the past 2 years, have you been declined or postponed for life insurance? YES NO
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12. Within the past 5 years have you been advised by a member of the medical profession that you have any disease, injury or impairment that would require hospitalization, surgery or other medical procedures or have you had any diagnostic tests that have not been completed or for which results are not yet available (other than HIV/AIDS)? YES NO

If the response to each question is "No," you may complete the application packet, and then conduct the telephone underwriting interview. If the answer to any question is "Yes," coverage is automatically declined – and you may wish to consider an EquiTrust annuity.



EquiTrust Life Insurance Company, West Des Moines, Iowa.