ENROLLMENT AND EVIDENCE OF INSURABILITY FORM

EVIDENCE OF INSURABILITY

(Please complete each question applicable to coverages selected.)

Abbreviations: EE - Employee SP - Spouse CH - Child(ren) Y - Yes N - No

Eligibility Question			EE	SP	CH
Cancer	1.	Is the employee actively at work now, for wage or profit, and has he/she worked at least 20 hours each week performing all duties of his/her regular occupation at his/her regular place of employment for at least the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy?	☐Y ☐N	N/A	N/A

If any of the questions below are answered "yes", please list the required health history on page 2. In regard to the questions below: A) Answers need not reveal the results of any HIV testing done at an anonymous counseling and testing site or the results of a home test kit; B) Testing is limited to FDA-licensed tests; and C) AIDS or ARC must be diagnosed by a member of the medical profession.

Underwriting Questions			EE	SP	CH
Cancer	2.	Has any person to be insured, in the last 5 years, been diagnosed with or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC), or tested positive for antigens or antibodies to an AIDS virus?	☐Y ☐N	☐Y ☐N	☐Y☐N
Cancer w/ Intensive Care	3.	Has any person to be insured, in the last year, been diagnosed by a member of the medical profession with a systolic blood pressure reading higher than 150 more than once or a diastolic blood pressure reading higher than 100 more than once?	☐Y ☐N	☐Y ☐N	☐Y☐N
Cancer, Cancer Initial Diagnosis Option & Cancer Progressive Benefit Option	4a.	Has any person to be insured ever been diagnosed with or treated by a member of the medical profession for any type of cancer, other than basal cell carcinoma?	☐Y ☐N	☐Y ☐N	☐Y☐N
	4b.	If the answer to 4a. is yes, has that person(s) been diagnosed with or treated by a member of the medical profession for Leukemia, Hodgkin's Disease, Lymphoma, or Cancer with any lymph node involvement or more than one metastasis?	☐Y ☐N	☐Y ☐N	☐Y☐N
	4c.	If the answer to 4a. is yes, has that person(s), in the last 5 years, been diagnosed with or treated by a member of the medical profession for any other type of cancer (other than those listed in 4b. and/or basal cell carcinoma)?	☐Y ☐N	☐Y ☐N	☐Y☐N
Cancer w/ Intensive Care Option	5.	Has any person to be insured, in the last 5 years, been diagnosed with or treated by a member of the medical profession for a stroke or transient ischemic attack (TIA), a heart attack, a heart condition, heart trouble, any abnormality of the heart, or any artery disease?	☐Y ☐N	☐Y ☐N	☐Y☐N
Cancer	6.	Has any person to be insured ever been diagnosed with or treated by a member of the medical profession for any of the following? • Addison's Disease • Brucellosis • Cerebrospinal meningitis • Cystic Fibrosis • Encephalitis • Hansen's Disease • Hepatitis (Chronic B or Chronic C with liver failure or hepatoma) • Legionnaires' Disease • Lou Gehrig's Disease (ALS) • Lyme Disease • Muscular Dystrophy • Multiple Sclerosis • Myasthenia Gravis • Osteomyelitis • Primary Biliary Cirrhosis • Primary Sclerosing Cholangitis • Reye's Syndrome • Rocky Mountain Spotted Fever • Sickle Cell Anemia • Systemic Lupus Erythematosus • Tetanus • Tuberculosis • Thalassemia • Tularemia • Typhoid Fever	☐Y ☐N	☐Y ☐N	☐Y☐N
Height and Weight	7.	Provide Height and Weight Employee (Cancer w/Intensive Care Option): Height:____ ft. ____ in. Weight:____ lbs.			
Required Health History	8.	Provide health history for any "Yes" answers to the Underwriting questions. Include physician's (or other members of the medical profession) name, address and telephone number: _____			

REPRESENTATION. I have read or had read to me the completed application and understand that any misstatement or misrepresentation in the application may result in loss of coverage. I represent that statements and answers given on this application are true, complete, and correctly recorded to the best of my knowledge and belief. **UNDERSTANDING**. I understand that: if premiums for the coverage(s) is (are) to be paid by payroll deductions, these deductions may start before the "effective date" of coverage(s) and that this does not change the effective date of coverage; and the "effective date" for health insurance coverages will be the date recorded on the policy/certificate/benefit statement, not the date the application is signed. If the coverage(s) is (are) not issued, American Heritage Life will refund any deductions it receives. I also understand that no producer (agent) has authority to waive any answer or otherwise modify this application, or to bind AHL in any way by making any promise or representation that is not set out in writing in this application. I understand that if I refuse any coverage for which I am eligible, satisfactory proof of insurability may be required, at my own expense, should I desire to apply for it at a later date. Any such application may be declined on the basis of such proof. **PREMIUM DEDUCTION AUTHORIZATION. I AUTHORIZE** my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverages requested.

Signed at: City/State _____ Date Signed _____

Signature of Proposed Insured _____

Producer's Statement. I certify that to the best of my knowledge and belief the information on this form is complete, accurate and correctly recorded.

Signature of Soliciting Producer _____ Print Soliciting Producer Name _____

To be completed by home office or producer, prior to issue:

Producer Name	Producer Number	National Producer Number (NPN)	Percentage Credit
Servicing Producer:			%
Soliciting Producer:			%
			%
			%
			%