

STATEMENT OF GOOD HEALTH AND INSURABILITY

Group LIFE, AD&D & CI – Age 65 and Over Questionnaire

Name in Block Letters.....

Date of Birth (DD/MM/YYYY).....

Please answer YES or NO to the following 12 questions

- | | | |
|---|-----|----|
| 1) Have you ever been treated or diagnosed with any form of cancer or have you been told that a current condition may be cancerous? | Yes | No |
| 2) Have you ever been treated for or diagnosed as being HIV positive, having AIDS or ARC (AIDS Related Complex)? | Yes | No |
| 3) Have you ever been treated for or diagnosed with a Heart Condition? | Yes | No |
| 4) Have you ever been treated for or diagnosed with a Stroke? | Yes | No |
| 5) Have you ever been treated for or diagnosed with elevated blood pressure? | Yes | No |
| 6) Have you ever been treated for or diagnosed with Diabetes? | Yes | No |
| 7) Have you ever been treated for or diagnosed with Renal Disease? | Yes | No |
| 8) Have you ever been treated for or diagnosed with Multiple Sclerosis? | Yes | No |
| 9) Have you ever been treated for or diagnosed with Paralysis? | Yes | No |
| 10) Have you ever been treated for or diagnosed with Deafness? | Yes | No |
| 11) Have you ever been treated for or diagnosed with Blindness? | Yes | No |
| 12) Have you ever been treated for or diagnosed with Major Organ Failure? | Yes | No |

If you have answered 'YES' to any of the 12 questions you are ineligible for this program.

If you have answered 'NO' to all questions, please continue:

The Proposed Insured:

- (1) has not made an application for insurance which has been declined, postponed or modified,
- (2) has not consulted or been examined by a physician or practitioner in the last 6 months

If there are any exceptions to any of the above statements, give full details in the space provided and note that this form may be redirected for review by our underwriters.

EXCEPTIONS: _____

The Proposed Insured represents that the foregoing statements are true and complete and that all exceptions if any have been stated.

Dated at: this day of 20.....

.....
Witness Signature

.....
Signature of Applicant

.....
Witness Name (PRINT)

To be attached to GROUP LIFE ENROLLMENT FORM



Sagicor Life Inc.