

# Part II of Application for Individual Life Insurance

## Zurich American Life Insurance Company

Administrative Office  
7045 College Boulevard  
Overland Park, KS 66211-1523

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### Paramedical The following is to be completed by the Proposed Insured (referred to as "you").

1.a. Proposed Insured (Please Print)  
First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

b. Height \_\_\_\_\_ ft. \_\_\_\_\_ in. c. Weight \_\_\_\_\_ lbs. d. Birth Date (MM/DD/YYYY) \_\_\_\_\_

e. Has your weight changed by more than 10 pounds in the last 6 months?  Yes  No  
If Yes, please provide details: \_\_\_\_\_

2.a. Name and address of personal physician  
(or medical facility if used instead): (If none, so state) \_\_\_\_\_

b. Date and reason for last medical or health consultation (within last five years): \_\_\_\_\_

c. What treatment was given or recommended? (If none, so state) \_\_\_\_\_

Please provide full details for all "Yes" answers on Page 2.

3. Are you being treated by diet, drugs or other means?  Yes  No

4. Have you ever had, been told you have, or been treated by a physician for:

a. High blood pressure, chest discomfort, stroke, circulatory or heart disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Diabetes, sugar in the urine, thyroid, or other glandular (endocrine) disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Kidney, bladder, urinary, reproductive organ or prostate disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Protein (albumin), blood or pus in the urine, sexually transmitted disease or venereal disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Cancer, tumor, polyp, or disorder of the skin or breast?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Asthma, pneumonia, emphysema, or any other respiratory or lung disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Seizure, convulsion, fainting, loss of consciousness, tremor, paralysis, or other disorder of the nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Anxiety, depression, stress or any psychological or emotional condition or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Colitis, hepatitis, ulcers, or other disorders of the stomach, liver or digestive system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Arthritis, gout, back or joint pain, bone fracture, or muscle disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Anemia, bleeding, or blood disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Have you ever been told by a physician that you have, or have you been treated by a physician for, Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. A positive blood test for antibodies to the HIV virus taken for the purpose of obtaining insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Have you:

a. Used amphetamines, marijuana, cocaine, hallucinogens, heroin or other drugs except as prescribed by a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Been treated or counseled for alcoholism or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Been advised to reduce your consumption of alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Other than previously stated, have you within the past five years:

a. Consulted a physician or any other practitioner, had a checkup, illness, surgery or been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Had an electrocardiogram, stress or exercise test, x-ray, blood test or other diagnostic test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Been advised to have, or scheduled, any diagnostic test, hospitalization or surgery which was not completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Have you, within the last five years:

a. Smoked cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last use? _____
b. Used any other form of tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What type? _____

8. Family History:	Age(s) if Living	Age(s) at Death	Cause of Death
Father			
Mother			
Brother(s) /Sister(s)			

9. Please provide full details for all "Yes" answers to questions 3-6. (Include the dates, the results and the names and addresses of all attending physicians and medical facilities.)

Question	Details

I declare that I have made no statement to the medical examiner, agent, or any other person connected with the Company that in any way qualifies or modifies the above answers and statements. I have read and confirm that the above answers and statements are complete and true to the best of my knowledge and belief. I understand that any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at:

\_\_\_\_\_  
City/State Date (MM/DD/YYYY)

Signature of Proposed Insured Witness (Medical or paramedical examiner will please sign here)  
X X

# Medical Report on Proposed Insured

Name of Proposed Insured \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_

Age \_\_\_\_\_

10. Height	Weight (Clothed)	Chest (Full Inspiration)	Chest (Forced Expiration)	Abdomen Relaxed at Umbilicus
ft. in.	lbs.	in.	in.	in.
Did you weigh? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you measure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Weight change in past year? _____ lbs. <input type="checkbox"/> Gain <input type="checkbox"/> Loss-Cause				
Is appearance unhealthy or older than stated age? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Examiner's remarks and description of positive findings:

11. **Blood Pressure** (if 140/90 or over, must give at least two additional readings)

	First Reading	Second Reading	Third Reading
Systolic			
Diastolic			

12. **Pulse**

	At Rest	After Exercise	3 Minutes Later
Rate			
Irregularities Per Min.			

13. **Heart**

a Is there any cardiovascular disorder?  Yes  No

b Is heart enlarged?  Yes  No (If Yes, describe) \_\_\_\_\_

c Is murmur present?  Yes  No (If Yes, complete 12d)

d Murmur is:  Constant  Inconstant

Transmitted  Systolic  Apical  Soft (Gr. 1-2)

Localized  Presystolic  Basal  Mod. (Gr. 3-4)

Diastolic  Other  Loud (Gr. 5-6)

Unchanged  Increased

Decreased  Absent

Show location of:

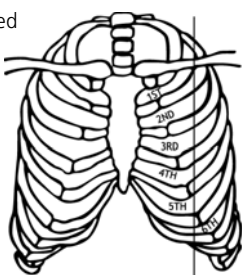
Apex by \_\_\_\_\_

Area of murmur by \_\_\_\_\_

Point of greatest intensity by \_\_\_\_\_

Transmission by \_\_\_\_\_

e Diagnostic Impression: \_\_\_\_\_



14. **Is there any abnormality of the following:** (Circle applicable items and give details)

a Eyes, ears, nose, mouth, pharynx (if vision or hearing markedly impaired, indicate degree and correction)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Skin (incl. scars): lymph nodes; blood vessels (Incl. varicose veins)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c Nervous system (Include reflexes, gait, paralysis)	<input type="checkbox"/> Yes <input type="checkbox"/> No
d Respiratory system	<input type="checkbox"/> Yes <input type="checkbox"/> No
e Abdomen (Including scars or hernias)	<input type="checkbox"/> Yes <input type="checkbox"/> No
f Genitourinary system	<input type="checkbox"/> Yes <input type="checkbox"/> No
g Endocrine system (Include thyroid and breasts)	<input type="checkbox"/> Yes <input type="checkbox"/> No
h Musculoskeletal system (Include spine, joints, amputations, deformities)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Identification**

Proposed Insured must show acceptable form of identification:

Driver's License  Passport  Green card

Employment I.D.  Other picture/signature I.D.

In my opinion, the item checked is positive identification of Proposed Insured  Yes  No

Proposed Insured speaks and understands the English language  Yes  No

\*If either question answered "No," give details of negative reply:

15. Have you any pertinent information not brought out above?  Yes  No

Medical Examiner: \_\_\_\_\_

X \_\_\_\_\_

Signature of Medical Examiner \_\_\_\_\_

**When paying fees we are required to show and report Social Security or Employer I.D. Number. Please give us this information below.**

Include All Hyphens → \_\_\_\_\_

Examined at:  My Office  Other: \_\_\_\_\_

Date and Hour of Examination \_\_\_\_\_  A.M.  P.M.

## Fraud Warnings and Other Notices

Please review the warning and/or notice applicable to your state, if any.

**Alabama, Arkansas, Louisiana, Rhode Island, and West Virginia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia - 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.

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**Georgia** - Notice: The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

**Illinois** - (Public Act 96-1513, the "Civil Union Law") Civil unions entered into in accordance with Illinois law are recognized. Parties to a civil union are treated identically to spouses of a marriage.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**Maine** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland** - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota Guarantee Association Notice - *This applies only to the variable funds of life and annuity policies:*** This policy or contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In case of insolvency, payment of claims is not guaranteed. Only the assets of this insurer will be available to pay your claim.

**New Jersey** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico** - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Ohio** - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

**Oklahoma - Warning:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania** - 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 or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee, Virginia and Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.