

Supplement to application for life insurance on the life of _____

Date of Birth _____ Age _____

1. Do you engage in any type of exercise? ____ Yes ____ No
If yes, please describe (What kind? Where? How frequently?) _____

2. Do you pursue any hobbies or other activities? ____ Yes ____ No
If yes, please describe (What? How frequently?) _____

3. Do you work as a volunteer? ____ Yes ____ No
If yes, please describe (Where? How frequently?) _____

4. List all medications currently being taken:

Medication	Frequency	Medication	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have you fallen or been injured in the past three years? ____ Yes ____ No
If yes, please give details: _____

6. In case of emergency, is there someone else in the household? ____ Yes ____ No
If yes, please give details: _____

7. When did you last drive an automobile? _____
In the past five years, have you had any driving violations or accidents? ____ Yes ____ No
If yes, please give details: _____

8. Do you perform regular household tasks, i.e., cooking, cleaning, lawn mowing, shopping? ____ Yes ____ No
Which ones? _____

9. Do you have a pet? ____ Yes ____ No If yes, what kind? _____

10. Do you ever use a cane, walker or wheelchair? ____ Yes ____ No
If yes, what do you use and how often? _____

11. Do you manage your own finances? ____ Yes ____ No

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured _____ Witness _____

Date _____