

- Life Investors Insurance Company of America Stonebridge Life Insurance Company
 Monumental Life Insurance Company Transamerica Life Insurance Company
 Peoples Benefit Life Insurance Company Western Reserve Life Assurance Co. of Ohio

Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499

Supplement to Application dated _____

Respiratory Questionnaire

Name of Proposed Insured	Date of Birth		
What is your specific diagnosis? (i.e. asthma, emphysema, COPD, other)			
Date of diagnosis?			
What type of symptoms do you experience with this condition? (i.e. shortness of breath, wheezing, coughing etc.)			
How many episodes have you had in the past 2 years and date of last episode?			
What treatment is taken at the time of the episodes?			
Do you require any kind of medication/treatment between episodes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:			
Have you had any special respiratory testing such as pulmonary function tests? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give your doctor's name, address and telephone number and the date testing was done:			
Have you ever been hospitalized or treated at the Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the date and reason for your hospitalization or treatment and the name, address and telephone number of the hospital:			
Have you had any lost time from work due to your condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give frequency, duration and dates:			
Have you ever used oxygen or a breathing machine? If yes, provide details:			
Physician's Name	Address	Phone Number	Area of Specialty (i.e. family physician, pulmonologist etc.)
How often do you see each doctor and date last seen?			

I hereby represent, to the best of my knowledge and belief, that all the above statements are complete and true, and I agree that they shall form a part of the application and become a part of any contract of insurance issued on such application.

Dated at _____ this _____ day of _____, 2_____.

Signature of Proposed Insured

Signature of Agent