

These sample application questions can be used to assist agents with field underwriting prior to completing the full application process.

PLEASE ANSWER "YES" or "NO"

"Yes" answers to the following questions are not eligible for ESP underwriting.

If your client can answer "No" to all of the following questions, they may be eligible for rules based underwriting through ESP.

For qualified candidates, please call ESP at 1-888-367-9008 to complete the phone interview once the application and authorization forms have been completed and the client has been provided with the required notices and state fraud statement.

1. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)? .....  Yes  No
2. Do you have any impairment, whether physical or mental, for which you need or receive assistance or supervision in performing normal activities of daily living such as bathing, dressing, eating, toileting, transferring or taking medications? .....  Yes  No
3. Do you use any medical appliance such as oxygen, respirator, or dialysis machine, or have a defibrillator implanted? .....  Yes  No
4. Have you had or been advised by a member of the medical profession to have, an organ transplant, or have you been medically diagnosed as having a terminal illness or life expectancy of 12 months or less? .....  Yes  No
5. Are you currently hospitalized, confined to a bed or nursing facility, residing in an assisted living facility or receiving hospice care? .....  Yes  No
6. Have you ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for a disease or disorder such as:
  - a. Congestive heart failure, cardiomyopathy, cirrhosis of the liver, liver failure, kidney (renal) failure, end stage kidney disease, chronic kidney disease or renal insufficiency? .....  Yes  No
  - b. Alzheimer's disease, dementia, memory loss, mental incapacity, schizophrenia, manic depression, bipolar disorder, brain disease, Lou Gehrig's disease (ALS), Huntington's disease, muscular dystrophy, cystic fibrosis, multiple sclerosis or multiple myeloma? .....  Yes  No
7. Have you:
  - a. Been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for diabetes prior to age 20? .....  Yes  No
  - b. Taken insulin prior to age 40? .....  Yes  No
  - c. Been diagnosed or treated by a member of the medical profession for insulin shock or diabetic coma? .....  Yes  No
  - d. Been hospitalized two or more times for any diabetic complications within the last 2 years? .....  Yes  No
8. Within the past 3 years have you been diagnosed by a member of the medical profession with leukemia, lymphoma, melanoma or any internal cancer, or received chemotherapy, radiation or had surgery for any cancer (other than basal or squamous cell cancer of the skin)? .....  Yes  No
9. Been diagnosed by a member of the medical profession as having more than one occurrence or any metastasis of any cancer in your lifetime (excluding basal or squamous cell skin cancer), or an amputation caused by cancer or any other disease, or are you currently being treated by a member of the medical profession for cancer or recurrence of cancer? .....  Yes  No
10. Within the past 2 years have you:
  - a. Been diagnosed or treated by a member of the medical profession for, been hospitalized for, taken or been prescribed medication for: Chronic Obstructive Pulmonary or Lung disease (COPD/COLD), emphysema, chronic bronchitis, respiratory failure, chronic hepatitis, liver disease, angina, stroke, transient ischemic attack (TIA), Hodgkin's disease, cerebral palsy, Parkinson's disease, grand mal epilepsy, systemic lupus (SLE) disease, or do you have paralysis of 2 or more extremities? .....  Yes  No

- b. Been diagnosed or treated by a member of the medical profession for, or been hospitalized for:  
Heart disease, heart attack, uncontrolled high blood pressure, heart or circulatory surgery, including coronary artery bypass, angioplasty, cardiac or vascular stent placement, pacemaker or pacemaker replacement, heart valve replacement, abdominal aortic aneurysm, or any procedure to improve the circulation to the heart, brain or extremities? .....  Yes  No
  - c. Been confined three or more times to a hospital, nursing facility, convalescent care facility, assisted living facility, or mental care facility?.....  Yes  No
  - d. Been declined for life, health or long term care insurance? .....  Yes  No
11. Within the past 5 years have you:
- a. Been convicted of a felony or are you currently on parole or on probation? .....  Yes  No
  - b. Been treated, diagnosed, or been advised to have treatment by a medical professional for alcohol abuse or drug abuse, or attempted suicide? .....  Yes  No
12. Within the last 3 years have you been convicted of operating a vehicle while intoxicated, impaired or under the influence or for reckless driving? .....  Yes  No

Questions may vary by state. Must be US citizen or legal permanent resident to qualify.

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