



North American Company

for Life and Health Insurance

Principal Office: 4601 Westown Pkwy, Suite 300
West Des Moines, IA 50266

A Member of the Sammons Financial Group



L2875221

STATEMENT OF HEALTH

Name of Proposed Insured: _____

Policy Number(s): _____

Please complete this Statement of Health as a condition to the Delivery or change of the policy(ies) referenced above. **If the answer to any question is checked "yes", please explain in the "Details" section below.** Pertinent dates, severity, treatment, duration, outcome; names, addresses of physicians, hospitals or clinics should also be included, along with any "Exceptions" to any of the statements below.

NOTE: When answering Questions 1 & 2, you do not have to disclose an HIV (AIDS Virus) test which was administered: (1) to a criminal offender or crime victim as a result of a crime that was reported to the police; (2) to a patient who received the services of emergency medical services personnel at a hospital or medical care facility; (3) to emergency medical personnel who were tested as a result of performing emergency medical services. Refer to the definition of "Emergency Medical Personnel below."

This is to certify, that since the date of the original application(s) I (the Insured):

| | YES | NO |
|--|--------------------------|--------------------------|
| 1. have consulted or been treated by any physician or practitioner or had any physical disability or impairment, sickness, injury, surgery or mental disorder;..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. have had a physical examination, lab tests, EKG or X-ray procedures;..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. have used tobacco in any form; (If Yes, give form used, number per day and length of time used in "Details".); | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. have made an application(s) for insurance which has been declined, postponed, or modified;..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. have other application(s) for insurance pending with another company(ies) at the present time;..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. have changed occupation (if yes, give all occupations-employers; types of industry and duties);..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. have engaged in or expect to engage in any of the following: aviation activities as a pilot or crew member; aqualung or skin diving; automobile, motorcycle or motor boat racing; mountain climbing; rodeo competition; sky-diving; parachuting; hang-gliding or cave exploration. | <input type="checkbox"/> | <input type="checkbox"/> |

DETAILS:

I certify that I have read the above completed health statement or that it has been read to me. I understand that any false statement or representation in the application and/or health statement may result in loss of coverage under the policy/certificate. I agree that the answers given above will become a part of the original application, including any supplement to the application. So far as I know and believe, the original application, as changed above, is true, complete, and up-to-date.

| | | |
|-------------------------------|------------------------------|------|
| | | |
| Signature of Proposed Insured | Signature of Proposed Owner* | Date |

*If signing on behalf of a corporation, trust, or other entity, print your title next to your signature.

DEFINITION

The term "Emergency Medical Personnel" includes individuals employed to provide pre-hospital emergency services; licensed police officers, firefighters, paramedics, emergency medical technicians, licensed nurses, rescue squad personnel, or other individuals who serve as volunteers of an ambulance service who provide emergency medical services; crime lab personnel, correctional guards, including security guards at the Minnesota security hospital, who experience a significant exposure to an inmate who is transported to a facility for emergency medical care; and other persons who render emergency care or assistance at the scene of an emergency, or while an injured person is being transported to receive medical care and who would qualify for immunity under the good Samaritan law."