

2. Medical Questions (For purposes of these questions “you” and “your” mean the proposed insured, “diagnosed”, “advised”, “tested”, “referred”, “repaired”, “monitored”, “observed”, “treated” and “treatment” mean by a licensed physician or medical practitioner and “terminal illness” means an illness that would reasonably be expected to cause death within 12 months.)

If a “Yes” answer to questions 1-6, the proposed insured is not eligible for Foresters PlanRight. Do not complete or submit this application.

1. Are you:
 - a) A resident in, or have you been advised to move into, a nursing home or skilled nursing facility? _____ Yes No
 - b) Receiving, or have you been advised to receive, skilled nursing care, hospice care, or home healthcare? _____ Yes No
 - c) A patient in a hospital or psychiatric facility, or confined to a correctional facility? _____ Yes No
 - d) Using a wheelchair or electric scooter due to an ongoing diagnosed illness, medical condition, or disease? _____ Yes No
 - e) Requiring help (from anyone) with administering or taking your medications, or with bathing, dressing, eating, or toileting? Yes No
2. Within the past year (12 months), have you been advised to:
 - a) Use, or have you used, oxygen equipment to assist with breathing (excluding use for sleep apnea)? _____ Yes No
 - b) Have, or have you had, kidney dialysis? _____ Yes No
 - c) Have surgery, a medical procedure, hospitalization, or have you been referred for a check up or consultation with a doctor or medical specialist, which has not yet been started, completed, or for which results are not known? _____ Yes No
 - d) Have a diagnostic test, or have you been referred to get a lab test, which has not yet been started, completed, or for which results are not known (excluding tests related to the Human Immunodeficiency Virus (HIV))? _____ Yes No
3. Within the past year (12 months), have you consulted a physician for, been diagnosed with, or received or been advised to receive treatment or medication for, unexplained weight loss greater than 10 pounds? _____ Yes No
4. Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation that you were advised was due to complications of diabetes? _____ Yes No
5. Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
 - a) Cardiomyopathy, Congestive Heart Failure (CHF), Pulmonary Hypertension, or any other type of heart failure or heart muscle disease? _____ Yes No
 - b) Amyotrophic Lateral Sclerosis (ALS), or a terminal illness or end-stage disease? _____ Yes No
 - c) Alzheimer’s disease, dementia, or memory loss? _____ Yes No
 - d) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for HIV? _____ Yes No
6. Have you ever been diagnosed with more than one occurrence of the same or different type of cancer, or do you currently have cancer (the term “cancer” excludes basal cell skin cancer)? _____ Yes No

Complete questions 7-12 and indicate (e.g. circle or underline) the condition(s) to which each “Yes” answer, if any, applies.

7. Have you ever been diagnosed with diabetes and have also been diagnosed with, or advised to receive treatment for:
 - a) Retinopathy (problems with your eyesight)? _____ Yes No
 - b) Nephropathy (kidney disease or kidney damage)? _____ Yes No
 - c) Peripheral Neuropathy (nerve damage or numbness)? _____ Yes No
8. Within the past 2 years (24 months), have you been hospitalized for 48 hours or more that you were advised was due to diabetes? _____ Yes No
9. Within the past 2 years (24 months), have you been diagnosed with, or received or been advised to receive treatment for:
 - a) Alcohol or drug abuse, or have you used illegal drugs? _____ Yes No
 - b) An aneurysm, or have you ever been diagnosed with an aneurysm that has not yet been repaired? _____ Yes No
 - c) A brain tumor, or have you ever been diagnosed with a brain tumor that has not yet been treated or is being monitored or observed? _____ Yes No
10. Within the past year (12 months), have you been diagnosed with having:
 - a) A heart attack, stroke, or Transient Ischemic Attack (TIA/mini-stroke)? _____ Yes No
 - b) Angina, or have you taken medication for angina? _____ Yes No
11. Within the past year (12 months), have you been advised to have, or have you had, a pacemaker or defibrillator implant, cardioversion treatment, or any other type of heart or circulatory procedure? _____ Yes No
12. Within the past 3 years (36 months), have you been diagnosed with cancer, or received or been advised to receive chemotherapy, radiation, or any other type of treatment for cancer (the term “cancer” excludes basal cell skin cancer)? _____ Yes No

If a “Yes” answer in questions 7-12, then apply for Foresters PlanRight (Basic). If all “No” answers then continue with questions 13-15.

Complete questions 13-15 and indicate (e.g. circle or underline) the condition(s) to which each “Yes” answer, if any, applies.

13. Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
- a) Parkinson’s disease or Systemic Lupus (SLE)? _____ Yes No
 - b) Hepatitis B or C, cirrhosis of the liver, or any other type of liver disease or condition? _____ Yes No
 - c) Chronic kidney disease, chronic renal insufficiency, or any other type of kidney disease or condition (excluding kidney stones)? _____ Yes No
 - d) Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, emphysema, or any other type of chronic lung disease or ongoing respiratory condition (excluding asthma or sleep apnea)? _____ Yes No
14. Within the past 2 years (24 months), have you been diagnosed with having:
- a) A heart attack, stroke, or Transient Ischemic Attack (TIA/mini-stroke)? _____ Yes No
 - b) Angina, or have you taken medication for angina? _____ Yes No
15. Within the past 2 years (24 months), have you been advised to have, or have you had, a pacemaker or defibrillator implant, cardioversion treatment, or any other type of heart or circulatory procedure? _____ Yes No

If a “Yes” answer in questions 13-15, then apply for Foresters PlanRight (Standard).

If all medical questions 1-15 are answered “No”, then apply for Foresters PlanRight (Preferred).