Filing at a Glance

Company:	Pacific Life Insurance Company
Product Name:	A12PRI, A12TRM, A12DEC, A12UND, A12PRIS, A12VSS, & A12COH
State:	Arkansas
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	10/12/2012
SERFF Tr Num:	PALD-128705535
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	A12PRI, A12TRM, A12DEC, A12UND, A12PRIS, A12VSS, & A12COH
Implementation Date Requested:	
Author(s):	Hong Do
Reviewer(s):	Linda Bird (primary)
Disposition Date:	10/17/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

General Information

Project Name: A12PRI, A12TRM, A12DEC, A12UND, A12PRIS, A12VSS, & A12COH
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Hong Do

Status of Filing in Domicile: Authorized

Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/17/2012
State Status Changed: 10/17/2012
Created By: Hong Do
Corresponding Filing Tracking Number:

Filing Description:
October 12, 2012

NAIC # 00067466
FEIN # 95-1079000

Mr. Dan Honey
Policy Form Filings, Life Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

Re: Application, Application Scripts, and Telephone Interview Script Filing
Form #: A12PRI – Application for Individual Life Insurance
Form #: A12TRM – Term Life Insurance Policy Information
Form #: A12DEC – Declarations and Signatures
Form #: A12UND – Underwriting Supplement to Application
Form #: A12PRIS – Tele-Interview Script
Form #: A12VSS – Telephone Interview Introduction & Closing Script
Form #: A12COH – Certification of Health

Dear Mr. Honey:

This is a new filing of the above referenced individual life insurance Application forms, the associated Tele-Interview Script document, and Telephone Interview Introduction and Closing Script, in final print for your review and approval. These are new forms and do not replace any previously approved forms. The submitted scripts represent the information that is contained in the paper applications and questionnaires and include the appropriate reflexive questions typically asked by the producer/representative at the time a traditional, face to face application is completed.

Application Forms/Tele-Interview Script

Provided below and on the following page are descriptions of the submitted forms:

Application forms A12PRI, A12TRM, A12UND, and A12DEC together, form the entire application. Form A12PRI is the lead application, and the questions pertain to the Proposed Insured's data, such as name, address, beneficiaries and replacements. Form A12TRM is the application form which captures data pertinent to term life insurance products. Form A12DEC is the form which contains the declarations and signatures. Form A12UND contains all the questions related to underwriting. Form A12COH is a certification that the insured's health condition has not changed since the time of the tele-interview. Form A12VSS is the interview introduction and closing script. Form A12PRIS is the main Tele-Interview Script which contains the questions presented in the applications, including all the reflexive questions which are posed if the answers to the base questions prompt additional questions.

All base questions in the applications are asked for each Proposed Insured and will always display on the application forms. We have provided a sample of each application form containing only the base questions. The John Doe sample forms contain bracketing, which show the reflexive questions that may be asked. The sample forms also contain notes shown in "red" which describe rules for when additional questions are surfaced. The examples further demonstrate how reflexive questions will display on the filed form.

Within the John Doe sample of form A12UND (which includes medical history), we have bracketed the additional medical conditions that are part of the Tele-Interview Script in order to indicate which conditions will show on the application if those particular detailed questions were asked of the insured. For example, if the Proposed Insured answered "No" to a question in the medical section indicating that he/she had never had any of the medical conditions listed, then the detailed questions for those medical conditions would not be asked and the detailed questions would not show in the printed application. However, if the Proposed Insured answered "Yes" to the medical question, the detailed questions would be asked and would show in the final printed application.

Where ever a medical disclosure is made in the sequence of the Tele-Interview Script is the location where the disclosure will appear on the application form. For example, if the Proposed Insured discloses "Polyps" when asked "Any other disorder or disease of the gastrointestinal system?", the reflexive questions for Polyp (line 876 of the Tele-Interview Script) will display. Later in the interview, the Proposed Insured will be asked "Any form of cancer, tumor, cyst or polyps?" (line 544) and will only need to disclose any information not previously mentioned.

Application Process

The initial contact with the Proposed Insured will be handled by one of our licensed producers. If the Proposed Insured wishes to apply for this life insurance policy and available riders, the producer will complete the preliminary forms. As part of these forms, the producer completes and submits a request called the Tele-App Ticket for Term "Ticket" to Pacific Life's Administrative Office (See Ticket included as a supplemental informational item). The producer may submit this Ticket and required forms in electronic format via a Pacific Life provided producer portal, FAX, or in a paper format to a designated Pacific Life address. The Ticket includes basic information including Proposed Insured's name and address, beneficiary names, policy owner name and riders requested. The Ticket will also confirm whether a replacement will occur. If a replacement will occur, additional information is obtained in the In Force, Pending and Replacement Information form. The Ticket and forms are signed either electronically or manually by the producer and applicant as required prior to submission to Pacific Life. If temporary insurance is applied for, the TIA form (state approved form), will be completed and money will be submitted with the Ticket. At that time, the producer will also provide the Proposed Insured with the required disclosures.

Once the Ticket is received, a company representative will contact the Proposed Insured via telephone to conduct a telephone interview. The company representative will validate the Proposed Insured's identity, by confirmation of the Proposed Insured's

name, date of birth, mailing address and last four digits of their Social Security Number. During the telephone interview, the company representative will ask the Proposed Insured the questions as shown on the Tele-Interview Script A12PRIS, which will be used to populate the application forms A12PRI, A12TRM, A12UND, and A12DEC. The application data will not be collected via a paper format except for the data collected via a paper Ticket as mentioned above.

During the Telephone Interview, a series of questions will be asked. Some questions will be asked in all cases (e.g., base question) and other questions will be asked based on the response to the prior question (e.g., reflexive question). For each base question asked, the script contains all the possible reflexive questions which may be asked. The underwriting rules engine contains the logic which determines which of the reflexive questions are actually asked. For example, some questions are distinct by gender and/or age. Below are examples:

• Gender – Gender specific questions are only asked to the gender that the question applies to. For example, any questions related to pregnancy or menses in a reflexive question would not be asked of a male. Conversely, a prostate question asked in a reflexive question would not be asked of a female. As another example, for the family history question, male Proposed Insured would not be evaluated for any prior family history of breast cancer; conversely a female Proposed Insured would not be evaluated for any prior family history of prostate cancer.

• Age - Some questions may be reflexive by age. For example, if an avocation disclosure is made for Parachute Jumping for a Proposed Insured age 70 and above, rather than asking the standard reflexive questions, a general “fact-finder” question is asked and the case is automatically referred to an underwriter for further evaluation. As another example, a medical disclosure of Coronary Artery Disease prior to age 35 would result in a decline decision due to the inherent mortality risk at a young age.

The health history questions (beginning on line 280 of the script) are a series of base and reflexive medical conditions. If the Proposed Insured says “Yes” to a condition, additional reflexive questions are surfaced. For example, a “Yes” to High Blood Pressure or Coronary Artery Disease (line 281), would lead to “What was the specific condition”? If they say “Yes” to High Blood Pressure (line 283), the appropriate reflexive questions are asked. If they say “No” to Coronary Artery Disease (line 292), no additional reflexive questions for Coronary Artery Disease will be asked. The next base question would be “Any other disorder or disease of the heart?” If they say “Yes”, they will be asked if they have Chest Pain, Heart Attack, Heart Failure, Heart Murmur, Rheumatic Fever, or another disorder or disease of the heart. If they say “Yes” to any of these conditions, the corresponding reflexive questions will be asked. At the end of the script, beginning on line 794, we have included “Reflexive questions for additional medical conditions the Proposed Insured may disclose”. These are additional conditions which have specific reflexive questions in the event the Proposed Insured names a condition for which we have automated underwriting rules. For example, when asked about “Any other disorder or disease of the heart?” (line 332), if the Proposed Insured says “Yes”, they may disclosure “Angina”, which is a condition which has associated reflexive questions (beginning on line 795). Or the Proposed Insured may name any number of conditions such as “Congenital Heart Defect”, “Arrhythmia” “Mitral Valve Prolapse”, etc. For any condition that we do not have a specific reflexive questions, a generic “fact-finder” question is asked, which is shown on line 334 for conditions related to the heart.

We have bracketed the additional detail questions under each main underwriting question in order to indicate that the additional detailed questions will only show on the copy of the application printed in an Insured’s policy if those particular detailed questions were asked of the Proposed Insured. For example, if the Proposed Insured answered “No” to a question in the medical section indicating that he/she had never had any of the medical conditions listed, then the detailed questions for those medical conditions would not be asked and the detailed questions would not show in the printed application. However, if the Proposed Insured answered “Yes” to the medical question the detailed questions would be asked and would show in the final printed application. In no case will questions be added, deleted, or changed without re-filing the application for approval.

A rules based automated underwriting system will be used to evaluate all cases. Responses to questions asked in the Telephone Interview, information provided on the Ticket, MIB, MVR records, and pharmacy data base searches are included in

the evaluation. Additionally, other underwriting evidence may be collected such as laboratory tests, physical measurements, attending physician's statements, inspection reports, etc as the basis for the evaluation. The automated underwriting system performs financial underwriting calculations, evaluates height and weight, blood pressure and pulse readings, and assesses other underwriting criteria determined as needed by either the system or sound underwriting practices and procedures. The result of this systematic evaluation could be an offer of up to "best class" all the way to decline. Where a decision cannot be made systematically, the information will be referred to an experienced underwriter for review.

Lifestyle and health history reflexive questions (e.g., those asked based on a prior response) are based on criteria outlined in our underwriting manual and questions are asked to elicit structured, data-driven responses, which can be accepted by the underwriting rules engine.

After the Proposed Insured and the company representative complete the interview, underwriting will occur. Once underwriting is completed, the producer will provide documents and disclosures and obtain signatures.

Electronic Signature of Forms

In accordance with the electronic transactions and signature laws, we will accept electronic signatures via personal or telephone interview, on the documents submitted in this filing. This is provided as an option and is not required. The electronic document will look identical to the hard copy document when it is printed and attached to the policy, as part of the entire contract provision. Note, a traditional wet signature will continue to be accepted on the documents.

The process employed by Pacific Life to take telephonic applications and collect e-signatures is secure and to the best of our knowledge and belief, complies with the requirements of 668.50 Uniform Electronic Transaction Act (UETA).

Associated Forms

The following forms will be used with the application forms:

A03AVI, Aviation Questionnaire, approved on 08/18/2003;
A03AVO, Avocation Questionnaire, approved on 08/18/2003;
A11TFU, Foreign Residence and Travel Questionnaire-Future, approved on 08/26/2011, SERFF Tracking #PALD-127383193;
A11AMD, Amendment to Application, approved on 01/23/2012, SERFF Tracking #PALD-127992785; and,
A10TIA, Temporary Insurance Agreement approved on 12/09/2009, SERFF Tracking #PALD-126375439.

Associated Products

The following products will be used with the application forms:

P12TRF, Level Premium Term Life Insurance, approved on 0712/2012, SERFF Tracking #PALD-128402264;
P12TRI, Level Premium Term Life Insurance, approved on 07/12/2012, SERFF Tracking #PALD-128402264; and,
P12TRS, Level Premium Term Life Insurance, approved on 07/12/2012, SERFF Tracking #PALD-128402264.

Additional Information Pertaining to this Submission

• A Readability Certification is included in this filing.
• Statements of Variability are enclosed.
• The following documents are submitted as informational supporting documentation:
o A12AUT, Authorization to Obtain Information
o Tele-App Ticket for Term
• If a filing fee is required, it is handled in the usual manner and any required certification forms are enclosed.

To the best of my knowledge and belief this filing complies with the laws and regulations of your state. If you would like to discuss any aspect of this filing, please feel free to contact me at (800) 800-6416, extension 8576 or by e-mail, LifeProductCompliance@pacificlife.com.

Sincerely,

Hong Do
Senior Compliance Analyst
Product Compliance, Life Division
thuhong.do@pacificlife.com

Company and Contact

Filing Contact Information

Hong Do,
45 Enterprise Drive
Aliso Viejo, CA 92656

thuhong.do@pacificlife.com
949-420-8576 [Phone]

Filing Company Information

Pacific Life Insurance Company
45 Enterprise Drive
Aliso Viejo, CA 92656
(949) 420-7080 ext. [Phone]

CoCode: 67466
Group Code: 709
Group Name:
FEIN Number: 95-1079000

State of Domicile: Nebraska
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$350.00
Retaliatory?	No
Fee Explanation:	$50.00 per Life policy, riders, etc... 7 application forms = $350.00
Per Company:	No

Company	Amount	Date Processed	Transaction #
Pacific Life Insurance Company	$350.00	10/12/2012	63783249

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/17/2012	10/17/2012

Disposition

Disposition Date: 10/17/2012
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Supporting Document	A12 Application (John Doe Sample)		Yes
Supporting Document	A12 UND Underwriting Supplement to Application (John Doe Sample)		Yes
Supporting Document	A12AUT Authorization to Obtain Information		Yes
Supporting Document	Tele-App Ticket for Term		Yes
Form	Application for Individual Life Insurance		Yes
Form	Term Life Insurance Policy		Yes
Form	Declarations and Signatures		Yes
Form	Underwriting Supplement to Application		Yes
Form	Certification of Health		Yes
Form	Tele-Interview Script		Yes
Form	Telephone Interview Introduction & Closing Script		Yes

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *L08 Life - Other/L08.000 Life - Other*
Product Name: *A12PRI, A12TRM, A12DEC, A12UND, A12PRIS, A12VSS, & A12COH*
Project Name/Number: *A12PRI, A12TRM, A12DEC, A12UND, A12PRIS, A12VSS, & A12COH/*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		A12PRI	AEF	Application for Individual Life Insurance	Initial:	50.300	A12PRI.pdf
2		A12TRM	AEF	Term Life Insurance Policy	Initial:	50.300	A12TRM.pdf
3		A12DEC	AEF	Declarations and Signatures	Initial:	50.300	A12DEC.pdf
4		A12UND	AEF	Underwriting Supplement to Application	Initial:	50.500	A12UND.pdf
5		A12COH	AEF	Certification of Health	Initial:	50.800	A12COH.pdf
6		A12PRIS	AEF	Tele-Interview Script	Initial:	51.700	A12PRIS Teleinterview Script - Generic.pdf
7		A12VSS	AEF	Telephone Interview Introduction & Closing Script	Initial:	65.300	A12VSS - Generic.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

PACIFIC LIFE INSURANCE COMPANY
Life Insurance Division
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

Policy Number _____

PROPOSED INSURED

First Name _____ MI ____ Last Name _____ ☐ Male ☐ Female

Residence Address _____

Date of Birth _____ Place of Birth (State/Country) _____ SSN _____ Driver's License # _____ State _____

Current Employment Status: ☐ Currently Employed/Self Employed ☐ Homemaker ☐ Retired ☐ Student ☐ Unemployed

$_____
Total Annual Earned Income

$_____
Total Annual Unearned Income

$_____
Net Worth ☐ Individual ☐ Joint

Are you married or in a legally recognized civil union or domestic partnership? [Yes/No]

Are you a U.S. Citizen? [Yes/No]

PRIMARY POLICYOWNER

Who will own the policy? ☐ Proposed Insured ☐ Other Individual ☐ Trust ☐ Business

PRIMARY BENEFICIARY

Name	% of Proceeds	Relationship to Proposed Insured	Date of Trust

Policy Dating

How should this policy be dated?

☐ Current Date
☐ Date to Save Age
☐ Specific Date

Payment Method

Billing Method: ☐ Direct
☐ Electronic Funds Transfer (EFT)

Mode: ☐ Monthly (EFT only) ☐ Quarterly ☐ Semi-Annual ☐ Annual

Who will pay for the policy?

☐ Proposed Insured ☐ Primary Policyowner ☐ Other

What is the source of the premium payments?

☐ Earned Income ☐ Unearned Income ☐ Savings ☐ Gift ☐ Inheritance
☐ Business Income ☐ Trust ☐ Premium Financing ☐ Other Loan
☐ Other

Other Life Insurance: In Force, Pending, And Replacement Information

1A. Does the Proposed Insured have any existing life insurance or annuities? [Yes/No]

B. By applying for this life insurance policy, does the Proposed Insured intend to replace, withdraw money from, take a loan from, or allow a policy to lapse, or make any other change to any existing life insurance policy or annuities? [Yes/No]

2. Does the proposed insured have any application currently **pending,** or have **plans to apply** for new life insurance with any other company(ies)? [Yes/No]

[3.] What is the total amount of insurance coverage the proposed insured will have, considering this policy, other coverage in force, any additional coverage to be purchased, minus any policies to be replaced.

$_____

Term Life Insurance Policy Information

Product Name

$_____

Face Amount

Optional Benefits

☐ Waiver of Premium

☐ Accelerated Death Benefit Rider for Terminal Illness

Applicant/Policyowner Representations Of Insurable Interest

As the Applicant and/or Policyowner, I represent that the Policyowner and Beneficiary have an insurable interest in the life of the Proposed Insured(s). (Applicable except where the Proposed Insured is both Applicant and Policyowner.)

Certification Of Policyowner's Taxpayer Identification Number

Under penalties of perjury, I, the policyowner, certify that:

1. **The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and**
2. **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
3. **I am a U.S. citizen or other U.S. person (defined in the instructions in item 3 of the Certification on the official IRS Form W-9).**

Note: ☐ You must check here if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Tax Reporting On Distributions To Foreign Nationals

While Pacific Life Insurance Company (PLIC) may provide tax information to various United States federal and state agencies regarding certain life insurance or annuity activity, PLIC does not as a matter of course provide such information to any foreign governmental agencies and does not anticipate doing so at this time. Nonetheless, PLIC's tax reporting does not in any way affect the obligations that its policyowners may have with respect to such foreign governmental agencies or under foreign law. PLIC does not provide tax or legal advice, and nothing contained herein should be construed as such.

Declarations Of All Signing Parties

[1] The answers provided in this application are true and complete to the best of my knowledge and belief. I understand and agree that: Acceptance of a life insurance policy will be ratification of any administrative change with respect to such policy made by PLIC as indicated under the title Endorsement, where permitted by state law. All other changes made to the application or policy by PLIC will be indicated on an Amendment to Application form that must be signed by all applicable parties, prior to or at the time of delivery of this policy.

[2] If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the Producer, whose name appears in the Producer Certification section, the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

[3] Except as provided in the terms or conditions of any Temporary Insurance Agreement (TIA) that I may have received in connection with this application, coverage will take effect when the policy is delivered and the entire first premium is paid only if at that time each Proposed Insured is alive, and all answers in this application that are material to the risk are still true and complete.

[4] If I have given money with the application and received a TIA and if the coverage amount of the application exceeds the TIA coverage limits, I understand that if the Proposed Insured(s) die(s) before a policy is delivered, the death benefit will be limited to the TIA coverage limit.

[5] I must inform the Producer or Pacific Life Insurance Company in writing of any changes in the health of any Proposed Insured(s) or if any of the statements or answers on this application change prior to delivery of the policy.

[6] My statements and answers in this application must continue to be true as of the date I receive the policy.

[7] No Producer is authorized to make or change contracts or insurance policies on the behalf of PLIC and no Producer may alter the terms of this application, the TIA, or the policy, nor does the Producer have the authority to waive any of PLIC's rights or requirements.

[8] I understand that PLIC is not authorized to engage in any activity in non-U.S. jurisdictions, and I will perform all parts of the application, underwriting and delivery associated with this policy in a U.S. jurisdiction.

[9] No representation is made that, based on information provided in the application, a particular premium rate, risk category or class will be offered to me. I will review my policy and ask the Producer or the Company about the specific premium and risk class referenced in my policy.

[10] The policy(ies) as applied for in this application will meet my insurance needs and financial objectives based in part upon my age, income, net worth, tax and family status, and any existing insurance policies I own.

[11] I understand that only the Producer signing this application is responsible for ensuring that the policy meets my insurance needs and financial objectives, regardless of whether a PLIC employee attended any meetings to discuss the policy.

[12] I acknowledge having received, at or prior to the time of application, an illustration (if applying for a permanent product) or a quote (if applying for a term product) that matches the policy as issued.

[13] For purposes of this application, the proposed insured is considered the applicant, unless a policyowner is also indicated. In such case, the policyowner is considered the applicant.

[14] This application will be attached to and made part of the policy.

SIGNATURES

INITIAL HERE

By initialing here, the Policyowner confirms they received the Life Insurance Buyer's Guide and if applicable, accelerated death benefit disclosures.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and to make the statement that may be shown. You further represent that all requirements of those entities, including the use of any seal (in the case of a corporation) and any authorized signatures (in the case of a Corporation and/or Trust have been met.)

If Proposed Insured or Policyowner is a minor, a signature of parent/guardian is required in place of the minor's signature.

SIGNED BY APPLICANT IN:

City	State

APPLICANT SIGNED AND DATED ON:

Date (mm/dd/yyyy)

SIGN HERE

X

Proposed Insured's Signature

PRODUCER'S CERTIFICATION

1. Does the Proposed Insured have any existing life insurance or annuities? [Yes/No]
2. Do you know or have any reason to believe that a replacement of life insurance or annuity is involved? [Yes/No]

I have discussed the appropriateness of any replacement and have followed applicable state laws, Pacific Life Insurance Company's (PLIC) written replacement guidelines and if applicable, I have complied with the replacement requirements of my broker-dealer. If replacing a variable life or annuity contract, I also certify that I have the appropriate variable state licenses.

I understand that PLIC is not authorized to engage in any activity in non-U.S. jurisdictions, and I will perform all parts of the application, underwriting and delivery associated with this policy in a U.S. jurisdiction.

I have reviewed the application and all related forms with the Insured and Policyowner(s), and have determined that its proposed purchase meets the applicant's insurance needs and financial objectives and is suitable as required under law, based in part upon information provided by the applicant, policyowner, and proposed insured, as applicable, including age, income, net worth, tax and family status, and any existing insurance program.

SIGN HERE

X

Soliciting Producer's Signature

Soliciting Producer's Name: First	MI	Last (print)

PACIFIC LIFE INSURANCE COMPANY
Life Insurance Division
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com

UNDERWRITING SUPPLEMENT TO APPLICATION

Policy Number _____

_____ _____
Proposed Insured's Name Date of Birth

ACTIVITIES & LIFESTYLE HISTORY

Within the next 2 years, do you plan to:

Travel outside the U.S.? [Yes/No]

Reside outside the U.S.? [Yes/No]

In the last 2 years or within the next 2 years, which of the following activities have you or will you participate in?

☐ None ☐ Skydiving ☐ Parachute Jumping ☐ Hang Gliding ☐ Parasailing
☐ Hot Air Ballooning ☐ Ultralight Flying ☐ Paragliding ☐ Bungee Jumping ☐ Base Jumping
☐ Scuba Diving ☐ Mountain Climbing ☐ Ice Climbing ☐ Automobile Racing ☐ Motorcycle Racing
☐ Motorboat Racing ☐ Boxing ☐ Mixed Martial Arts

In the last 2 years or within the next 2 years, do you plan to fly or have you flown, as a pilot, student pilot, or crewmember? [Yes/No]

Do you work at least 30 hours per week outside the home? [Yes/No]

Have your job duties been restricted in any way in the last 6 months due to illness or injury? [Yes/No]

Are you now a member, or have you entered into a written agreement to become a member of the U.S. Armed Forces, National Guard, or Reserves? [Yes/No]

In the last 5 years, have you filed for bankruptcy? [Yes/No]

In the last 5 years, have you had a driver's license restricted or revoked or been convicted of moving violations? [Yes/No]

Have you ever been convicted of a felony, or do you have felony charges pending against you now? [Yes/No]

OTHER INSURANCE

In the last 6 months, have you applied for any other life insurance? [Yes/No]

Have you ever been declined, postponed or charged an additional premium for life, health, long-term care, or disability insurance? [Yes/No]

In the last 12 months, have you received any disability, chronic illness, long-term care, or accident related medical benefits? [Yes/No]

TOBACCO USE

Have you ever used tobacco or products containing nicotine in any form? [Yes/No]

HEALTH HISTORY

Have you ever been diagnosed, treated, or been given medical advice by a member of the medical profession for any of the following conditions:

High Blood Pressure or Coronary Artery Disease? Yes

Any other disorder or disease of the heart? [Yes/No]

Any disorder or disease of the arteries or veins? [Yes/No]

High Cholesterol? [Yes/No]

Any disorder or disease of the stomach, intestines, gallbladder, or other abdominal organs? [Yes/No]

Hepatitis, cirrhosis, or any other disorder or disease of the liver? [Yes/No]

Diabetes, Glucose Intolerance or High Blood Sugar? [Yes/No]

Pancreatitis or any other disorder or disease of the pancreas? [Yes/No]

Any disorder or disease of the kidneys or bladder? [Yes/No]

Asthma, COPD, Emphysema, or Sleep Apnea? [Yes/No]

Any other disorder or disease of the respiratory system? [Yes/No]

Any disorder or disease of the breast, prostate, or reproductive organs? [Yes/No]

Anxiety, Depression, or Bi-Polar Disorder? [Yes/No]

Any other psychiatric or mental health disorder or disease? [Yes/No]

Any form of cancer, tumor, cyst, or polyp? [Yes/No]

Any disorder or disease of the blood, skin, thyroid, lymph, or other glands?

Stroke, mini-stroke, or TIA? [Yes/No]

Epilepsy, Seizure or Convulsion? [Yes/No]

Any other disorder or disease of the brain or nervous system? [Yes/No]

Any disorder or disease of the eyes, ears, nose, or throat? [Yes/No]

Any disorder or disease of the muscles or bones, including the spine, back or joints? [Yes/No]

Lupus, scleroderma, or any other connective tissue disorder or disease? [Yes/No]

Any disorders or diseases of the immune system, except those related to the Human Immunodeficiency Virus (AIDS virus)? [Yes/No]

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]

Other than when prescribed by a member of the medical profession, have you ever taken tranquilizers, sedatives, narcotics, or any prescription drug? [Yes/No]

Have you ever used marijuana, cocaine, heroin, barbiturates, amphetamines, hallucinogens, or other habit-forming drugs, except as prescribed by a member of the medical profession? [Yes/No]

In the last 5 years, have you had medical treatment or counseling for the use of alcohol or drugs? [Yes/No]

In the last 5 years, other than previously mentioned, have you participated in a support group because of alcohol or drug use? [Yes/No]

Other than any you previously mentioned, in the last 5 years, have you been advised by a member of the medical profession that you have had an abnormal medical test, including a blood test, urine test, EKG, echocardiogram, or other test, except those related to the Human Immunodeficiency Virus (AIDS virus)? [Yes/No]

Other than any you previously mentioned, in the last 5 years, have you had any diagnostic medical tests/procedures, except those related to the Human Immunodeficiency Virus (AIDS virus)? [Yes/No]

Other than any you previously mentioned, have you had any check-up, consultation, illness, confinement to medical facility, or surgery? [Yes/No]

Have you been advised to have a consultation, diagnostic test, surgery, or confinement to medical facility that has not yet been completed, except those related to the Human Immunodeficiency Virus (AIDS virus)? [Yes/No]

Have either of your parents or any of your brothers or sisters died prior to age 60 due to cancer, high blood pressure, heart disease, stroke, or mental illness? [Yes/No]

Height (ft/in) _____ Weight (lbs) _____

Has your weight changed in the last 12 months? [Yes/No]

Physician Information

Name

Address

City State Zip Code Telephone Number

Date of Last Visit

Did you see them only for school, employment or insurance physicals, routine normal OB/GYN exams, routine care for cold, flu or allergies or minor accidental injuries? [Yes/No]

Physician Summary

Physician's Name	Date Last Seen	Reason Consulted:

Signatures

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The answers provided in this supplement and any additional details provided are true and complete to the best of my knowledge and belief. I understand and agree that this supplement will be attached to and made part of the policy.

SIGNED IN:

City	State

DATED ON:

Date (mm/dd/yyyy)

SIGN HERE

X

Proposed Insured's Signature

PACIFIC LIFE INSURANCE COMPANY
[Life Insurance Division
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com]

CERTIFICATE OF HEALTH

For Telephone Interview

Proposed Insured's Name: First MI Last	Policy Number

If your answer to any of the following questions is "Yes", include any dates, diagnosis, treatment, tests, medicines and/or recommendations for surgery provided by a member of the medical profession along with their name and address in Remarks (or attach sheets, if necessary).

Since the date of the telephone interview:

	YES	NO
1. Have you had any check-up, or consultation with a member of the medical profession?	☐	☐
2. Have you had any confinement to a medical facility or surgery?	☐	☐
3. Have you needed or required assistance or supervision in performing any daily living activities such as bathing, dressing, eating, transferring or ambulation, toileting, bowel or bladder control?	☐	☐
4. Have there been any changes to any of the medical information provided on the application?	☐	☐
5. Have you been declined, rated, or postponed for life insurance?	☐	☐

IF ANY YES ANSWERS ARE INDICATED ABOVE, UNDERWRITING APPROVAL MUST BE OBTAINED BEFORE THE POLICY CAN BE DELIVERED.

REMARKS

SIGNATURES

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I represent that the foregoing answers and statements are correctly recorded, complete, and true to the best of my knowledge and belief. This certificate of health form will be attached to and made part of the policy.

Signed and Dated on:

Date (mm/dd/yyyy)

SIGN HERE

X

Proposed Insured's Signature

SIGN HERE

X

Producer's Signature

Producer's Name: First MI Last (print)

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES.

Line #	Base Q	App Form #	Script Question
1			**Introduction and Caller Verification Script starts here.**
2	B	A12UND	What is your height?
3	B	A12UND	What is your weight?
4	B	A12PRI	What is your Total Annual Earned Income?
5	B	A12PRI	What is your Total Annual Unearned Income?
6		A12PRI	What is the source of your unearned income?
7	B	A12PRI	What is your Net Worth? Is your Net Worth individual or joint?
8	B	A12PRI	What is your current employment status? Options: Currently employed/Self employed, Homemaker, Retired, Student, Unemployed
9		A12PRI	[Currently employed/Self employed] What is your Occupation?
10		A12PRI	[Currently employed/Self employed] What are your job duties?
11		A12PRI	[Currently employed/Self employed] What is the name of your employer or company name?
12		A12PRI	[Currently employed/Self employed] What is your current work address? (Help text: No P.O. Boxes)
13		A12PRI	[Currently employed/Self employed] How long have you worked there?
14		A12PRI	[Unemployed] or [Retired] What is the main source of earned income you previously provided?
15	B	A12PRI	Are you married?
16		A12PRI	Are you in a legally recognized civil union or domestic partnership?
17		A12PRI	What is the amount of life insurance in force on your spouse/partner?
18	B	A12PRI	Are you a U.S. Citizen?
19		A12PRI	Do you have Permanent Resident Status in the U.S.?
20		A12PRI	What is your Permanent Resident Card Number?
21		A12PRI	How long have you lived in the U.S.?
22		A12PRI	What is your Country of Citizenship?
23		A12PRI	How long have you lived in the U.S.?
24		A12PRI	What type of Visa do you hold?
25	B	A12PRI	Who will pay for the policy? Options: You, Policyowner, Someone Else
26		A12PRI	What is their name?
27		A12PRI	What is their relationship to you?
28		A12PRI	What is their address?
29	B	A12PRI	What is the source of the premium payments? (Options: Earned Income, Unearned income, Savings, Gift, Inheritance, Business Income, Trust, Premium Financing, Other Loan, Other)
30		A12PRI	What is the source?
31	B	A12PRI	[Trust] What is the date of the Trust?
32	B	A12PRI	[Trust] Is the trust revocable or irrevocable? Options: Revocable, Irrevocable, Unknown.
33	B	A12PRI	[Trust] In what state was the trust established?

Line #	Base Q	App Form #	Script Question
34	B	A12PRI	[Trust] Who is the grantor of the trust? Options: You, Your Spouse, Someone else
35		A12PRI	[Trust] What is the name of the grantor?
36		A12PRI	[Trust] What is the relationship of the grantor to you?
37	B	A12PRI	[Trust] Are you the trustee?
38	B	A12PRI	[Trust] Is there another trustee?
39		A12PRI	[Trust] What is the trustee's name?
40		A12PRI	[Trust] What is the relationship of the trustee to you?
41		A12PRI	[Trust] Is the trustee a life insurance professional?
42		A12PRI	[Trust] Is there another trustee?
43	B	A12PRI	[Trust] Which trustees must sign to exercise ownership rights? Options: All must sign, Any trustee may sign alone, Majority of trustees must sign, Specific Trustee must sign.
44		A12PRI	[Trust] What is the name of the trustee that must sign?
45	B	A12PRI	[Trust] Who is the beneficiary(ies) of the trust? Options: Spouse, Children, Charity, Other.
46		A12PRI	[Trust] Who is the beneficiary? (Provide name(s) and relationship).
47	B	A12PRI	[Trust] Was the trust established for a business?
48	B	A12PRI	[Trust] Did an attorney prepare the trust document?
49		A12PRI	[Trust] What is the name of the attorney?
50		A12PRI	[Trust] How was the trust prepared?
51	B	A12UND	Within the next 2 years, do you plan to:
52		A12UND	Travel outside the U.S.?
53		A12UND	What country(ies) will you visit?
54		A12UND	Will you be doing any missionary, peacekeeping, government diplomacy, journalism, or foreign aid work while outside the U.S.?
55		A12UND	Provide full details about your travel, including purpose, locations and duration.
56		A12UND	How long do you plan to be outside the U.S. in the next 2 years?
57	B	A12UND	Reside outside the U.S.?
58		A12UND	What country will you live in?
59		A12UND	When will you leave the U.S. to reside there?
60		A12UND	How long will you live there?
61		A12UND	What is the purpose of your residence in that country?

Line #	Base Q	App Form #	Script Question
62	B	A12UND	In the last 2 years or within the next 2 years, which of the following activities have you or will you participate in?
63		A12UND	Skydiving, Parachute Jumping, Hang Gliding, Parasailing, Hot Air Ballooning, Ultralight Flying, Paragliding, Bungee Jumping, Base Jumping, Scuba Diving, Mountain Climbing, Ice Climbing, Automobile Racing, Motorcycle Racing, Motorboat Racing, Boxing, Mixed Martial Arts, None of these apply
64		A12UND	**Skydiving?**
65		A12UND	Do you intend to participate in this activity in the next 2 years?
66		A12UND	How many months ago did you last participate in this activity?
67		A12UND	How many times did you participate in this activity in the last 2 years?
68		A12UND	Why do you no longer participate in this activity?
69		A12UND	Do you participate in skydiving on a professional level?
70		A12UND	Are you a member of a skydiving club?
71		A12UND	How many jumps do you do per year?
72		A12UND	Provide details about your participation in skydiving including locations, frequency, and whether you are a member of a skydiving club.
73		A12UND	**Parachute Jumping?**
74		A12UND	Do you intend to participate in this activity in the next 2 years?
75		A12UND	How many months ago did you last participate in this activity?
76		A12UND	How many times did you participate in this activity in the last 2 years?
77		A12UND	Why do you no longer participate in this activity?
78		A12UND	Do you participate in parachuting on a professional level?
79		A12UND	Are you a member of a skydiving club?
80		A12UND	How many jumps do you do per year?
81		A12UND	Provide details about your participation in parachuting, including locations, frequency, and whether you are a member of a skydiving club.
82		A12UND	**Hang Gliding?**
83		A12UND	Do you intend to participate in this activity in the next 2 years?
84		A12UND	How many months ago did you last participate in this activity?
85		A12UND	How many times did you participate in this activity in the last 2 years?
86		A12UND	Why do you no longer participate in this activity?
87		A12UND	Do you fly a motorized hang glider?
88		A12UND	Are you affiliated with a club for hang gliding?
89		A12UND	Have you ever, or do you plan on, making any record attempts?
90		A12UND	Provide all details regarding your hang gliding, including locations, type, frequency, hours, and any other pertinent details.
91		A12UND	How many times do you participate in this activity per year?
92		A12UND	**Parasailing?**
93		A12UND	Do you intend to participate in this activity in the next 2 years?
94		A12UND	How many months ago did you last participate in this activity?
95		A12UND	How many times did you participate in this activity in the last 2 years?
96		A12UND	Why do you no longer participate in this activity?
97		A12UND	Provide all details regarding this activity, including locations, type, frequency, hours, and any other pertinent details.
98		A12UND	How often do you anticipate participating in this activity in the next year?
99		A12UND	**Hot Air Ballooning?**
100		A12UND	Do you intend to participate in this activity in the next 2 years?
101		A12UND	How many months ago did you last participate in this activity?
102		A12UND	How many times did you participate in this activity in the last 2 years?
103		A12UND	Why do you no longer participate in this activity?
104		A12UND	Provide all details regarding this activity, including locations, type, frequency, hours, and any other pertinent details.
105		A12UND	**Ultralight Flying?**

Line #	Base Q	App Form #	Script Question
106		A12UND	Do you intend to participate in this activity in the next 2 years?
107		A12UND	How many months ago did you last participate in this activity?
108		A12UND	How many times did you participate in this activity in the last 2 years?
109		A12UND	Why do you no longer participate in this activity?
110		A12UND	Provide all details regarding your ultralight flying, including locations, type, frequency, hours, and any other pertinent details.
111		A12UND	Do you fly a home-built ultralight?
112		A12UND	Are you a licensed pilot?
113		A12UND	Have you ever, or do you plan on making any record attempts?
114		A12UND	How many times do you participate in this activity per year?
115		A12UND	**Paragliding?**
116		A12UND	Do you intend to participate in this activity in the next 2 years?
117		A12UND	How many months ago did you last participate in this activity?
118		A12UND	How many times did you participate in this activity in the last 2 years?
119		A12UND	Why do you no longer participate in this activity?
120		A12UND	Provide all details regarding your paragliding, including locations, type, frequency, hours, any other pertinent details.
121		A12UND	Do you fly a motorized paraglider?
122		A12UND	Are you affiliated with a club for paragliding?
123		A12UND	Have you ever, or do you plan on making any record attempts?
124		A12UND	How many times do you participate in this activity per year?
125		A12UND	**Bungee Jumping?**
126		A12UND	Do you intend to participate in this activity in the next 2 years?
127		A12UND	How many months ago did you last participate in this activity?
128		A12UND	How many times did you participate in this activity in the last 2 years?
129		A12UND	Why do you no longer participate in this activity?
130		A12UND	Provide all details regarding this activity, including locations, type, frequency, hours, and any other pertinent details.
131		A12UND	**Base Jumping?**
132		A12UND	Do you intend to participate in this activity in the next 2 years?
133		A12UND	How many months ago did you last participate in this activity?
134		A12UND	How many times did you participate in this activity in the last 2 years?
135		A12UND	Why do you no longer participate in this activity?
136		A12UND	Provide all details regarding this activity, including locations, type, frequency, hours, and any other pertinent details.
137		A12UND	**Scuba Diving?**
138		A12UND	Do you intend to participate in this activity in the next 2 years?
139		A12UND	How many months ago did you last participate in this activity?
140		A12UND	How many times did you participate in this activity in the last 2 years?
141		A12UND	Why do you no longer participate in this activity?
142		A12UND	Do you hold a certification and always dive with others?
143		A12UND	Do you Use Nitrox?
144		A12UND	Provide details concerning the type of diving you participate in.
145		A12UND	Do you participate in any of the following: cave, ice altitude, wreck or enriched air diving?
146		A12UND	Provide all details regarding this activity, including locations, type, frequency, hours, and any other pertinent details.
147		A12UND	What is the average and maximum depth to which you dive (in feet)?
148		A12UND	How often do you dive and please give details of all locations.
149		A12UND	How many times do you dive per year?
150		A12UND	Do you participate in any of the following: cave, ice, search or rescue diving?
151		A12UND	Do you participate in wreck diving?
152		A12UND	Provide details concerning the type of diving you participate in.

Line #	Base Q	App Form #	Script Question
153		A12UND	What is the maximum depth you dive to (in feet)?
154		A12UND	Provide details concerning the type of diving you participate in.
155		A12UND	**Mountain Climbing?**
156		A12UND	Do you intend to participate in this activity in the next 2 years?
157		A12UND	How many months ago did you last participate in this activity?
158		A12UND	How many times did you participate in this activity in the last 2 years?
159		A12UND	Why do you no longer participate in this activity?
160		A12UND	Provide details about your participation in mountain climbing, including the type of mountain climbing and locations.
161		A12UND	Do you participate in mountain climbing outside of North America?
162		A12UND	What type of mountain climbing do you participate in?
163		A12UND	**Ice Climbing?**
164		A12UND	Do you intend to participate in this activity in the next 2 years?
165		A12UND	How many months ago did you last participate in this activity?
166		A12UND	How many times did you participate in this activity in the last 2 years?
167		A12UND	Why do you no longer participate in this activity?
168		A12UND	Provide all details regarding your Ice Climbing, including locations, frequency, any other pertinent details.
169		A12UND	Do you participate in Ice Climbing outside of North America?
170		A12UND	Note: This question is intentionally left blank.
171		A12UND	**Automobile Racing?**
172		A12UND	Do you intend to participate in this activity in the next 2 years?
173		A12UND	How many months ago did you last participate in this activity?
174		A12UND	How many times did you participate in this activity in the last 2 years?
175		A12UND	Why do you no longer participate in this activity?
176		A12UND	Provide details about your participation in motor vehicle racing, including type of racing, classes, frequency, and any other pertinent details.
177		A12UND	Do you participate in record attempts?
178		A12UND	How many races do you participate in per year?
179		A12UND	What type of racing do you participate in?
180		A12UND	What class do you participate in?
181		A12UND	**Motorcycle Racing?**
182		A12UND	Do you intend to participate in this activity in the next 2 years?
183		A12UND	How many months ago did you last participate in this activity?
184		A12UND	How many times did you participate in this activity in the last 2 years?
185		A12UND	Why do you no longer participate in this activity?
186		A12UND	Provide all details regarding your participation in motorcycle racing, including types of racing, classes and frequency.
187		A12UND	Do you participate in record attempts?
188		A12UND	What type of motorcycle racing do you participate in?
189		A12UND	How many races to you plan on participating in during the next 12 months?
190		A12UND	**Motorboat Racing?**
191		A12UND	Do you intend to participate in this activity in the next 2 years?
192		A12UND	How many months ago did you last participate in this activity?
193		A12UND	How many times did you participate in this activity in the last 2 years?
194		A12UND	Why do you no longer participate in this activity?
195		A12UND	What type of motor boat racing do you participate in?
196		A12UND	What is your maximum speed (in MPH)?
197		A12UND	**Boxing?**
198		A12UND	Do you intend to participate in this activity in the next 2 years?
199		A12UND	How many months ago did you last participate in this activity?
200		A12UND	How many times did you participate in this activity in the last 2 years?

Line #	Base Q	App Form #	Script Question
201		A12UND	Why do you no longer participate in this activity?
202		A12UND	Are you a professional boxer?
203		A12UND	Provide details to this activity including frequency and locations.
204		A12UND	**Mixed Martial Arts?**
205		A12UND	Do you intend to participate in this activity in the next 2 years?
206		A12UND	How many months ago did you last participate in this activity?
207		A12UND	How many times did you participate in this activity in the last 2 years?
208		A12UND	Why do you no longer participate in this activity?
209		A12UND	Provide all details regarding this activity, including locations, type, frequency, hours, and any other pertinent details.
210	B	A12UND	In the last 2 years or within the next 2 years, do you plan to fly or have you flown, as a pilot, student pilot, or crewmember?
211		A12UND	Do you intend to fly in the future?
212		A12UND	Do you fly for pay? For pleasure? Or both?
213		A12UND	Do you only fly for a major airline?
214		A12UND	Is there at least one base in Canada or the U.S.?
215		A12UND	Are you a pilot or crew member on a corporate-owned plane flying non-scheduled commercial flights?
216		A12UND	Are you a pilot or crew member on a cargo or passenger plane flying non-scheduled commercial flights?
217		A12UND	Which of the following describe your aviation activities? Options: Occupation only, Pastime only, Both pastime and occupation.
218		A12UND	Provide details to aviation done for pleasure including type of aircraft, hours, and any other pertinent details.
219		A12UND	Are you a student pilot?
220		A12UND	Which of the following have you flown in the past 12 months? Options: Factory Built Fixed Wing Aircraft, Home Built Aircraft, Powered Parachute, Glider, or other
221		A12UND	When flying for pleasure, do you only fly factory built fixed wing aircrafts or helicopters?
222		A12UND	When flying for pay, do you only fly for a major airline?
223		A12UND	Provide details regarding aviation, including type of aircraft, hours, and any other pertinent details.
224		A12UND	How many solo hours do you have?
225		A12UND	How many hours do you fly per year?
226		A12UND	If it is determined that your aviation activity requires and additional premium, do you want the policy issued with full aviation coverage, including the additional premium, or do you want an aviation exclusion rider.
227	B	A12UND	Do you work at least 30 hours per week outside the home?
228		A12UND	Why do you work fewer than 30 hours per week?
229	B	A12UND	Have your job duties been restricted in any way in the last 6 months due to illness or injury?
230		A12UND	Are your duties still restricted?
231		A12UND	What illness or injury was the cause of the restriction?
232		A12UND	Have you been told by your physician that you are fully recovered?
233	B	A12UND	Are you now a member, or have you entered into a written agreement to become a member of the U.S. Armed Forces, National Guard, or Reserves?
234		A12UND	What is or will be your branch of service?
235		A12UND	What is or will be your pay grade?
236		A12UND	Are you on orders or have you been alerted for overseas duty?
237	B	A12UND	In the last 5 years, have you filed for bankruptcy?
238		A12UND	What Chapter did you file?
239		A12UND	What was the date of the filing?
240		A12UND	What was the discharge date?
241	B	A12UND	In the last 5 years, have you had a driver's license restricted or revoked or been convicted of moving violations?

Line #	Base Q	App Form #	Script Question
242		A12UND	Have you had a DUI or reckless driving violation in the last 5 years?
243		A12UND	How many moving violations have you had in the last 3 years?
244		A12UND	Is your driver's license currently suspended, revoked, or expired?
245		A12UND	Provide details including the reason your license is suspended, revoked, or expired and when, if ever, you expect it to be reinstated.
246		A12UND	How many moving violations have you had in the last 6 months?
247	B	A12UND	Have you ever been convicted of a felony, or do you have felony charges pending against you now?
248		A12UND	Were you convicted or are charges currently pending?
249		A12UND	What was the conviction?
250		A12UND	When were you convicted?
251		A12UND	Did the conviction include: incarceration, community service, probation, other?
252		A12UND	Have you completed your entire sentence, including any parole or probation?
253		A12UND	When was it completed?
254		A12UND	Have there been any other convictions?
255		A12UND	Provide details, including the conviction, the date of the conviction, the sentence received, and the date the sentence, including any parole or probation, was completed.
256	B	A12UND	In the last 6 months, have you applied for any other life insurance?
257		A12UND	What amount of coverage did you apply for?
258		A12UND	Was the policy approved?
259		A12UND	What was the purpose of the coverage? Options: Personal, Business, Other
260		A12UND	What was the final outcome? Options: You purchased it; You withdrew it; It is still pending
261	B	A12UND	Have you ever been declined, postponed or charged an additional premium for life, health, long-term care, or disability insurance?
262		A12UND	What was the reason for this?
263		A12UND	When was this?
264		A12UND	What was the name of the company?
265	B	A12UND	In the last 12 months, have you received any disability, chronic illness, long-term care, or accident related medical benefits?
266		A12UND	Which type of benefit was received?
267		A12UND	What is the condition or other reason you received them?
268		A12UND	Are you currently receiving benefits?
269		A12UND	When did the benefits end and why?
270	B	A12UND	Have you ever used tobacco or products containing nicotine in any form?
271		A12UND	Have you ever smoked cigarettes of any kind, including electronic and clove cigarettes?
272		A12UND	Have you quit smoking them?
273		A12UND	When did you last smoke them?
274		A12UND	In the last 5 years, have you smoked a pipe of any kind?
275		A12UND	Have you quit smoking pipes?
276		A12UND	In the last 5 years, have you smoked Cigars?
277		A12UND	How many cigars do you smoke per month?
278		A12UND	In the last 5 years, other than previously mentioned, have you used any other tobacco or nicotine product, including products used to quit smoking?
279		A12UND	Provide details including the type(s) used and the date each was last used.
280		A12UND	**Have you ever been diagnosed, treated, or been given medical advice by a member of the medical profession for:**
281	B	A12UND	High Blood Pressure or Coronary Artery Disease?
282		A12UND	What was the specific condition?
283		A12UND	**High Blood Pressure?**
284		A12UND	Have you been hospitalized for your blood pressure in the last 2 years?
285		A12UND	Are you taking medication for your blood pressure?

Line #	Base Q	App Form #	Script Question
286		A12UND	How many different medications do you take for your blood pressure?
287		A12UND	Do you know what your most recent blood pressure was?
288		A12UND	What was your most recent blood pressure reading?
289		A12UND	Provide full details about this condition including the date you were diagnosed and the medications you take for it.
290		A12UND	Have you been advised by a physician that your blood pressure is well controlled without medication?
291		A12UND	Provide details about this condition including the date you were diagnosed and your most recent blood pressure reading, if known.
292		A12UND	**Coronary Artery Disease?**
293		A12UND	Within the past 6 months, have you been hospitalized or undergone surgery for this condition?
294		A12UND	How old were you when this condition was diagnosed?
295		A12UND	Have you ever had surgery for this condition?
296		A12UND	How many surgeries have you had for this condition?
297		A12UND	Have you had a heart attack since your surgery?
298		A12UND	Have you been diagnosed or treated for any of the following in the past 6 months: chest pain, shortness of breath, or irregular heart beat?
299		A12UND	Have you been told you have a heart valve disorder?
300	B	A12UND	Any other disorder or disease of the heart?
301		A12UND	What was the specific condition?
302		A12UND	**Chest Pain?**
303		A12UND	Was your chest pain diagnosed as heartburn, indigestion, or a muscle strain?
304		A12UND	Are you awaiting any of the following: medical tests or investigations, test results or referral to hospital or surgery?
305		A12UND	Was your first episode of chest pain within the last 6 months or have you been hospitalized for chest pain in the last six months?
306		A12UND	How old were you when you had your first episode of chest pain?
307		A12UND	Provide details including the cause, if known, the frequency, the date of your most recent episode, any medication prescribed or treatment received.
308		A12UND	Did your chest pain only occur during rest?
309		A12UND	When did you last experience chest pain?
310		A12UND	Have you ever required medication or treatment for your chest pain?
311		A12UND	Describe the nature and frequency of your symptoms, the treatment received, the medication prescribed, and how this condition affects your daily activities.
312		A12UND	**Heart Attack?**
313		A12UND	How old were you when this condition was diagnosed?
314		A12UND	How long ago did you have the heart attack?
315		A12UND	Have you ever had surgery for this condition?
316		A12UND	How many surgeries have you had for this condition?
317		A12UND	Have you had a heart attack since your surgery?
318		A12UND	Have you been diagnosed or treated for any of the following in the past 6 months: chest pain, shortness of breath, or irregular heart beat?
319		A12UND	Have you been told you have a heart valve disorder?
320		A12UND	**Heart Failure?**
321		A12UND	When was this condition diagnosed?
322		A12UND	**Heart Murmur?**
323		A12UND	Have you had surgery for this condition or have you been told that surgery may be needed in the future?
324		A12UND	Have you been hospitalized or treated in the Emergency Room for this condition in the last year?
325		A12UND	Have you missed any time from work for this condition in the last year?
326		A12UND	How many medications have you been prescribed to take daily for this condition?
327		A12UND	**Rheumatic Fever?**

Line #	Base Q	App Form #	Script Question
328		A12UND	Have you had an echocardiogram done?
329		A12UND	Were the results normal?
330		A12UND	Have you been told by your physician that you have or had a heart murmur?
331		A12UND	Do you have any residual problems from this condition?
332		A12UND	**Another disorder or disease of the heart?**
333		A12UND	What was the specific condition?
334		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
335	B	A12UND	Any disorder or disease of the arteries or veins?
336		A12UND	What was the specific condition?
337		A12UND	**Carotid Artery Disease?**
338		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
339		A12UND	**Aneurysm?**
340		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
341		A12UND	**Another disorder or disease of the arteries or veins?**
342		A12UND	What was the specific condition?
343		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
344	B	A12UND	High Cholesterol?
345		A12UND	Have you been prescribed medications for this condition?
346		A12UND	Have you been told that your most recent Cholesterol reading was normal?
347	B	A12UND	Any disorder or disease of the stomach, intestines, gallbladder, or other abdominal organs?
348		A12UND	What was the specific condition?
349		A12UND	**Ulcer?**
350		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
351		A12UND	Have you had surgery for this condition?
352		A12UND	How many times have you had surgery for this condition?
353		A12UND	How long ago did you have surgery for this condition?
354		A12UND	How many years has it been since your last episode of this condition?
355		A12UND	Has your physician released you from further care?
356		A12UND	Describe the nature and frequency of the symptoms, treatment received and how this condition affects your daily activities.
357		A12UND	**GERD?**
358		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
359		A12UND	How many months ago did you last have symptoms or take medication for this condition? (Please answer according to whichever was most recent.)
360		A12UND	Do you take medication for this condition?
361		A12UND	Are all symptoms resolved after taking the medication?
362		A12UND	Provide full details with regards to this condition, including diagnosis, time of onset, treatment received and medication prescribed.
363		A12UND	**Diverticulitis?**
364		A12UND	Have you had surgery for this condition?
365		A12UND	Do you have any residuals after your surgery?
366		A12UND	Have you had a recurrence of this condition after your surgery?

Line #	Base Q	App Form #	Script Question
367		A12UND	When was the last time you had this condition?
368		A12UND	**Colitis?**
369		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
370		A12UND	When were you diagnosed with this condition?
371		A12UND	Have you had surgery for this condition?
372		A12UND	How many times have you been hospitalized for this condition in the last 3 years?
373		A12UND	Have you needed to take steroids (either orally or by enema) within the last 3 years to treat this condition?
374		A12UND	Have you experienced any abdominal cramping, tenderness or urgency due to this condition in the last 90 days?
375		A12UND	Provide details about this condition, including the symptoms and frequency of them and any other pertinent details.
376		A12UND	**Crohn's Disease?**
377		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
378		A12UND	When were you diagnosed with this condition?
379		A12UND	Have you had surgery for this condition?
380		A12UND	How many times have you been hospitalized for this condition in the last 3 years?
381		A12UND	Have you needed to take steroids (either orally or by enema) within the last 3 years to treat this condition?
382		A12UND	Have you experienced any abdominal cramping, tenderness or urgency due to this condition in the last 90 days?
383		A12UND	Provide details about this condition, including the symptoms and frequency of them and any other pertinent details.
384		A12UND	**Another disorder or disease of the gastrointestinal system?**
385		A12UND	What was the specific condition?
386		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
387	B	A12UND	Hepatitis, cirrhosis, or any other disorder or disease of the liver?
388		A12UND	What was the specific condition?
389		A12UND	**Hepatitis?**
390		A12UND	Did you have Hepatitis A or B? If yes, please state which.
391		A12UND	How long ago was the condition diagnosed?
392		A12UND	Have you made a full recovery with no further consultations required?
393		A12UND	Was your hepatitis diagnosed as chronic?
394		A12UND	Since the time of diagnosis have you had follow-up blood tests or other tests to check your liver?
395		A12UND	Were your last test results normal?
396		A12UND	Provide full details about this condition including date of diagnosis, date of full recovery and any treatment received.
397		A12UND	**Cirrhosis?**
398		A12UND	**Another disorder or disease of the liver?**
399		A12UND	What was the specific condition?
400		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
401	B	A12UND	Diabetes, Glucose Intolerance, or High Blood Sugar?
402		A12UND	What was the specific condition?
403		A12UND	**Diabetes?**
404		A12UND	Does your treatment include insulin injections?
405		A12UND	Within the last 2 years have you been hospitalized for this condition or required medical attention for low blood sugar?

Line #	Base Q	App Form #	Script Question
406		A12UND	Have you been diagnosed or treated for any of the following complications: skin ulcer, circulatory problems in your legs, kidney problems or diabetic coma?
407		A12UND	Have you had a blood test including HbA1c within the last 12 months?
408		A12UND	What was your most recent HbA1c reading, if known?
409		A12UND	When was this condition diagnosed?
410		A12UND	Have you been told this condition was a result of your pregnancy (gestational diabetes)?
411		A12UND	Are you currently pregnant or were you pregnant within the last 3 months?
412		A12UND	Have you made a full recovery with no further treatment required?
413		A12UND	**Glucose Intolerance?**
414		A12UND	Have you ever been told that you have diabetes?
415		A12UND	Do you take medication for your condition?
416		A12UND	Have you been told this condition was a result of your pregnancy (gestational diabetes)?
417		A12UND	Are you currently pregnant or were you pregnant within the last 3 months?
418		A12UND	Have you made a full recovery with no further treatment required?
419		A12UND	Does your treatment include insulin injections?
420		A12UND	Within the last 2 years have you been hospitalized for this condition or required medical attention for low blood sugar?
421		A12UND	Have you been diagnosed or treated for any of the following complications: skin ulcer, circulatory problems in your legs, kidney problems or diabetic coma?
422		A12UND	Have you had a blood test including HbA1c within the last 12 months?
423		A12UND	What was your most recent HbA1c reading, if known?
424		A12UND	When was this condition diagnosed?
425		A12UND	**High Blood Sugar?**
426		A12UND	Have you ever been told that you have diabetes?
427		A12UND	Do you take medication for your condition?
428		A12UND	Have you been told this condition was a result of your pregnancy (gestational diabetes)?
429		A12UND	Are you currently pregnant or were you pregnant within the last 3 months?
430		A12UND	Have you made a full recovery with no further treatment required?
431		A12UND	Does your treatment include insulin injections?
432		A12UND	Within the last 2 years have you been hospitalized for this condition or required medical attention for low blood sugar?
433		A12UND	Have you been diagnosed or treated for any of the following complications: skin ulcer, circulatory problems in your legs, kidney problems or diabetic coma?
434		A12UND	Have you had a blood test including HbA1c within the last 12 months?
435		A12UND	What was your most recent HbA1c reading, if known?
436		A12UND	When was this condition diagnosed?
437	B	A12UND	Pancreatitis or any other disorder or disease of the pancreas?
438		A12UND	**Pancreatitis?**
439		A12UND	Apart from your regular follow ups for this condition are you awaiting further: medical tests or investigations, test results or referral to hospital or surgery?
440		A12UND	How many alcoholic beverages do you consume, on average, per day?
441		A12UND	Have you had this condition on more than one occasion?
442		A12UND	Have you made a full recovery with no further consultations required?
443		A12UND	When did this episode occur?
444		A12UND	**Another disorder or disease of the pancreas?**
445		A12UND	What was the specific condition?
446		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.

Line #	Base Q	App Form #	Script Question
447	B	A12UND	Any disorder or disease of the kidneys or bladder?
448		A12UND	Have you been diagnosed or treated for kidney failure, kidney or bladder stones, or recurrent infections?
449		A12UND	**Kidney Failure?**
450		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
451		A12UND	Provide details including the date this condition was diagnosed, the date you last experienced symptoms, the treatment received and the medication, if any, you take for this condition.
452		A12UND	**Kidney Stones?**
453		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
454		A12UND	Are the kidney stone(s) present or have they been removed/disappeared naturally?
455		A12UND	As a result of the stone(s), did you have: further kidney, bladder, or blood pressure complications?
456		A12UND	How many episodes of kidney stones have you had?
457		A12UND	Have you made a full recovery with no further consultations required or do you have on-going/residual problems?
458		A12UND	**Bladder Stones?**
459		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
460		A12UND	Are the bladder stone(s) present or have they been removed/disappeared naturally?
461		A12UND	As a result of the bladder stone(s), did you have any kidney complications?
462		A12UND	When did you last have bladder stones?
463		A12UND	Was this a single episode or have you had bladder stone(s) on multiple occasions?
464		A12UND	Have you made a full recovery with no further consultations required or do you have on-going/residual problems?
465		A12UND	**Recurrent Infections?**
466		A12UND	Was the infection in your kidney or bladder?
467		A12UND	**Kidney Infection?**
468		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
469		A12UND	Was this a single episode or have you had kidney infections on multiple occasions?
470		A12UND	When did you have this condition?
471		A12UND	Was your condition caused by any underlying disease or kidney problem?
472		A12UND	Did you have any complications as a result of the infection (e.g. inflammation of the kidney, reduced kidney function, blood pressure changes)?
473		A12UND	Have you made a full recovery with no further consultations required or do you have on-going/residual problems?
474		A12UND	**Bladder Infection?**
475		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
476		A12UND	When did you last have this condition?
477		A12UND	Have you ever had any: kidney, bladder or prostate complications as a result of this condition?
478		A12UND	Have you ever had any: kidney, bladder or gynecological complications as a result of this condition?
479		A12UND	Have you ever had an episode of infection lasting more than 2 months duration?
480		A12UND	Have you made a full recovery with no further consultations required or do you have on-going/residual problems?
481		A12UND	**Another disorder or disease of the kidneys or bladder?**
482		A12UND	What was the specific condition?

Line #	Base Q	App Form #	Script Question
483		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
484	B	A12UND	Asthma, COPD, Emphysema, or Sleep Apnea?
485		A12UND	What was the specific condition?
486		A12UND	**Asthma?**
487		A12UND	Have you ever been hospitalized due to this condition?
488		A12UND	When were you last hospitalized for this condition?
489		A12UND	Have you ever been diagnosed with Status Asthmaticus?
490		A12UND	In the last 2 years, have you required oral steroids (e.g. Prednisone)?
491		A12UND	In the last 5, years have you missed time from work for this condition (if employed), or has this condition interfered with your daily activities?
492		A12UND	In the last 12 months how many times per week did you have symptoms during the night?
493		A12UND	How many times per week do you experience symptoms?
494		A12UND	Describe the nature and frequency of your symptoms, treatment received and how this condition affects your daily activities.
495		A12UND	**COPD?**
496		A12UND	Have you been hospitalized for this condition in the past 3 years?
497		A12UND	How many prescription medications do you take every day for this condition?
498		A12UND	In the last 12 months have you missed time from work for this condition (if you are employed), or have your daily activities been restricted due to this condition?
499		A12UND	Do you become short of breath during normal daily activities?
500		A12UND	Describe the nature and frequency of your symptoms, treatment received, and how this affects your daily activities.
501		A12UND	**Emphysema?**
502		A12UND	Have you been hospitalized for this condition in the past 3 years?
503		A12UND	How many prescription medications do you take every day for this condition?
504		A12UND	In the last 12 months have you missed time from work for this condition (if you are employed), or have your daily activities been restricted due to this condition?
505		A12UND	Do you become short of breath during normal daily activities?
506		A12UND	Describe the nature and frequency of your symptoms, treatment received, and how this affects your daily activities.
507		A12UND	**Sleep Apnea?**
508		A12UND	Other than any regular follow up for this condition are you awaiting further: medical tests or investigations, test results, or referral to hospital or surgery?
509		A12UND	How many alcoholic beverages do you consume per day?
510		A12UND	Have you been told you have Central, Mixed or Severe Sleep Apnea?
511		A12UND	Has your physician prescribed the use of a CPAP machine?
512		A12UND	How many times per week do you use your CPAP machine?
513		A12UND	Provide details including the type and degree (mild, moderate, severe) of sleep apnea, if known, the date of your most recent sleep study, and if a CPAP was prescribed how many times per week do you use it.
514	B	A12UND	Any other disorder or disease of the respiratory system?
515		A12UND	What was the specific condition?
516		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
517	B	A12UND	Any disorder or disease of the breast, prostate, or reproductive organs?
518		A12UND	What was the specific condition?
519		A12UND	Provide details including the date this condition was diagnosed, the date you last experienced symptoms, the treatment received, and the medications you take for this condition.

Line #	Base Q	App Form #	Script Question
520	B	A12UND	Anxiety, Depression, or Bi-Polar Disorder?
521		A12UND	What was the specific condition?
522		A12UND	**Anxiety?**
523		A12UND	Do you have any other mental or nervous condition other than anxiety (stress)?
524		A12UND	In the last 12 months, have you missed time from work for this condition (if you are employed), or have your daily activities been restricted due to this condition?
525		A12UND	**Depression?**
526		A12UND	When was this condition diagnosed?
527		A12UND	Do any of the following apply to you? Attempted suicide, received treatment for use of drugs/alcohol, been told to reduce use of drugs/alcohol?
528		A12UND	Have you been disabled, collected disability payments, or been hospitalized for this condition in the past 5 years?
529		A12UND	Within the past 10 years, have you been treated for any other psychiatric condition other than anxiety, stress, or seasonal/mild depression?
530		A12UND	In the last 12 months have you missed time from work for this condition (if you are employed), or have your daily activities been restricted due to this condition?
531		A12UND	Have you been prescribed medication for this condition?
532		A12UND	How many medications do you take per day for this condition?
533		A12UND	**Bi-Polar Disorder?**
534		A12UND	When was this condition first diagnosed?
535		A12UND	Do any of the following apply to you? Attempted suicide, received treatment for use of drugs/alcohol, been told to reduce use of drugs/alcohol?
536		A12UND	Have you been disabled, collected disability payments, or been hospitalized for this condition in the last 5 years?
537		A12UND	In the last 10 years, have you been treated for any other psychiatric condition other than anxiety, stress, or seasonal/mild depression?
538		A12UND	In the last 12 months, have you missed time from work for this condition (if you are employed), or have your daily activities been restricted due to this condition?
539		A12UND	Have you been prescribed medication for this condition?
540		A12UND	How many medications do you take per day for this condition?
541	B	A12UND	Any other psychiatric or mental health disorder or disease?
542		A12UND	What was the specific condition?
543		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
544	B	A12UND	Any form of cancer, tumor, cyst, or polyp?
545		A12UND	What was the specific condition?
546		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
547	B	A12UND	Any disorder or disease of the blood, skin, thyroid, lymph, or other glands?
548		A12UND	What was the specific condition?
549		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
550	B	A12UND	Stroke, mini-stroke, or TIA?
551		A12UND	How many episodes did you have?
552		A12UND	Did you have symptoms such as pain in your arm, speech difficulties or impaired vision for more than 24 hours during this episode?
553		A12UND	When was this condition diagnosed?
554		A12UND	Have you been told by your physician that you had a TIA (mini-stroke)?

Line #	Base Q	App Form #	Script Question
555		A12UND	Has your physician ~~doctor~~ released you from further care?
556		A12UND	Provide details about this condition and the residual effects, including the date of the episode, treatment received, medication prescribed, and how this affects your daily activities.
557	B	A12UND	Epilepsy, Seizure or Convulsion?
558		A12UND	How many years ago was your last episode?
559		A12UND	Have you been diagnosed with Status Epilepticus or have you had an episode due to drug or alcohol use?
560		A12UND	Was this condition diagnosed within the last year?
561		A12UND	Describe the nature and frequency of your symptoms, treatment received and how this condition affects your daily activities.
562		A12UND	Are you taking more than 2 medications per day for this condition?
563		A12UND	How many episodes have you had in the last year?
564	B	A12UND	Any other disorder or disease of the brain or nervous system?
565		A12UND	Have you had headaches, fainting, concussion, or dizziness?
566		A12UND	What was the specific condition?
567		A12UND	**Headaches?**
568		A12UND	Have you been told that your headaches are caused by an underlying condition?
569		A12UND	Were you told the underlying condition is tension or stress?
570		A12UND	Provide full details about this condition, including the underlying condition/cause, frequency of symptoms, treatment received, and how this condition affects your daily activities.
571		A12UND	Have your headaches started within the past 12 months, or have they increased in severity within this timeframe?
572		A12UND	Provide full details about this condition, including the frequency of symptoms, treatment received, and how this affects your daily activities.
573		A12UND	**Fainting?**
574		A12UND	Has this occurred on more than one occasion?
575		A12UND	Describe the nature and frequency of your symptoms, the date of the last episode, treatment received, and how this condition affects your daily activities.
576		A12UND	Was a cause determined for this condition?
577		A12UND	Provide the cause determined, the date of the episode, and details to any treatment received.
578		A12UND	Have you ever been told you have Neurocardiogenic Syncope?
579		A12UND	**Concussion?**
580		A12UND	Have you made a complete recovery without any ongoing problems or symptoms?
581		A12UND	Describe the nature and frequency of the symptoms, treatment received, and how this condition affects your daily activities.
582		A12UND	**Dizziness?**
583		A12UND	Has a cause been determined for this condition?
584		A12UND	Provide details regarding this condition to include the cause determined, date of last symptoms, frequency of symptoms, treatment received, and any other pertinent details.
585		A12UND	When did you last have symptoms due to this condition?
586		A12UND	How many times per month do you experience symptoms due to this condition?
587		A12UND	Have you been diagnosed or treated for memory loss, Alzheimer's disease, or dementia?
588		A12UND	What was the specific condition?
589		A12UND	**Memory Loss?**
590		A12UND	**Alzheimer's disease?**
591		A12UND	**Dementia?**
592		A12UND	Have you been diagnosed or treated for multiple sclerosis, Parkinson's disease, Huntington's disease, or Lou Gehrig's disease (ALS)?
593		A12UND	What was the specific condition?
594		A12UND	**Multiple Sclerosis?**
595		A12UND	Provide details including the date of diagnosis, treatment received, medications you currently take, the date you last had symptoms, and how this condition affects your daily activities.

Line #	Base Q	App Form #	Script Question
596		A12UND	**Parkinson's Disease?**
597		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
598		A12UND	When were you diagnosed with this condition?
599		A12UND	Provide details including medications you take, the degree of your symptoms, and how this affects your daily activities.
600		A12UND	**Huntington's Disease?**
601		A12UND	Line intentionally left blank. No questions are asked.
602		A12UND	Line intentionally left blank. No questions are asked.
603		A12UND	Line intentionally left blank. No questions are asked.
604		A12UND	**Lou Gehrig's Disease (ALS)?**
605		A12UND	Another disorder or disease of the brain or nervous system?
606		A12UND	What was the specific condition?
607		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
608	B	A12UND	Any disorder or disease of the eyes, ears, nose, or throat?
609		A12UND	What was the specific condition?
610		A12UND	**Glaucoma?**
611		A12UND	**Retinopathy?**
612		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
613		A12UND	Is your retinopathy caused by any underlying disease or condition?
614		A12UND	**Macular Degeneration?**
615		A12UND	Is your vision impaired as a result of this condition?
616		A12UND	To what degree is your vision impaired?
617		A12UND	**Blindness?**
618		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
619		A12UND	Was your blindness caused by an underlying disease or condition?
620		A12UND	**Another disorder or disease of the eyes, ears, nose, or throat?**
621		A12UND	What was the specific condition?
622		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
623	B	A12UND	Any disorder or disease of the muscles or bones, including the spine, back or joints?
624		A12UND	What was the specific condition?
625		A12UND	**Arthritis?**
626		A12UND	Do you have Osteoarthritis?
627		A12UND	Is this the only type of Arthritis you have?
628		A12UND	Within the past 3 years, have you been disabled or collected disability payments for Arthritis?
629		A12UND	Have you been told that this condition affected your heart, lungs, nerves or blood?
630		A12UND	Do you take any of the following types of medication for your Arthritis: Methotrexate, Embrel, Gold, or steroids such as Prednisone?
631		A12UND	Within the past 12 months, have you missed any time from work or have your daily activities been restricted due to this condition?
632		A12UND	Do you use a device such as a cane, crutch or walker to help you walk?
633		A12UND	**Gout?**
634		A12UND	**Broken Bones?**
635		A12UND	Have you been told that the fracture was caused by an underlying condition?
636		A12UND	What was the condition?

Line #	Base Q	App Form #	Script Question
637		A12UND	Was the site of the fracture your skull or spine? If yes, please indicate which.
638		A12UND	Have you made a complete recovery without any ongoing problems or symptoms?
639		A12UND	Has your physician released you from further care?
640		A12UND	How many weeks have you missed from work or not been able to perform your daily activities due to this condition in the last year?
641		A12UND	Provide full details with regards to this condition including the site of fracture, your symptoms, including the frequency of your symptoms, treatment received, and how this condition affects your daily activities.
642		A12UND	**Sciatica?**
643		A12UND	Within the past 12 months, have you missed any time from work or have your daily activities been restricted due to this condition?
644		A12UND	How many weeks have you missed from work or not been able to perform your daily activities due to this condition in the last year?
645		A12UND	**Cerebral Palsy?**
646		A12UND	Has this condition affected your mental abilities?
647		A12UND	**Myasthenia Gravis?**
648		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
649		A12UND	Provide details including the date this condition was diagnosed, the date you last experienced symptoms, the treatment received and the medication, if any, you take for this condition.
650		A12UND	**Muscular Dystrophy?**
651		A12UND	Provide details including the date of diagnosis, treatment received, medications you currently take, the date you last had symptoms, and how this condition affects your daily activities.
652		A12UND	**Osteomyelitis?**
653		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
654		A12UND	Provide details including the date this condition was diagnosed, the date you last experienced symptoms, the treatment received and the medication, if any, you take for this condition.
655		A12UND	**Post-Polio Syndrome?**
656		A12UND	When did you have this condition?
657		A12UND	How were you treated for it?
658		A12UND	If you were given medication, do you continue to take it?
659		A12UND	Has your physician released you from further care?
660		A12UND	If not, provide details including the residual effects and how this affects your daily activities.
661		A12UND	**Paralysis?**
662		A12UND	What type of paralysis do you have?
663		A12UND	Has this condition affected your mental abilities?
664		A12UND	How long have you had this condition?
665		A12UND	Was this condition caused by an injury?
666		A12UND	Do you have any issues with control of your bladder or bowels?
667		A12UND	Describe the nature and frequency of the symptoms, treatment received and how this condition affects your daily activities.
668		A12UND	**Another disorder or disease of the muscular or skeletal system?**
669		A12UND	What was the specific condition?
670		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
671	B	A12UND	Lupus, scleroderma, or any other connective tissue disorder or disease?
672		A12UND	What was the specific condition?
673		A12UND	**Lupus?**
674		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?

Line #	Base Q	App Form #	Script Question
675		A12UND	Provide details including the date this condition was diagnosed, the date you last experienced symptoms, the treatment received and the medication, if any, you take for this condition.
676		A12UND	**Scleroderma?**
677		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery? If yes, please provide full details.
678		A12UND	Confirm when this condition was diagnosed, how long it lasted and are you still experiencing symptoms.
679		A12UND	Describe the site and nature of the symptoms, including frequency and severity.
680		A12UND	Have you been advised that another disease has triggered this condition? If yes, provide details of the other disease.
681		A12UND	What treatment have you had for this condition and what is your current treatment?
682		A12UND	**Another connective tissue disorder or disease?**
683		A12UND	What was the specific condition?
684		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
685	B	A12UND	Any disorders or diseases of the immune system, except those related to the Human Immunodeficiency Virus (AIDS virus)?
686		A12UND	What was the specific condition?
687		A12UND	Provide details about this condition including when it was diagnosed, the treatment received, the medication used, and the date, if any, for your next appointment with your physician for this condition.
688	B	A12UND	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)?
689		A12UND	When were you first diagnosed?
690		A12UND	Was any treatment given or medication prescribed?
691		A12UND	What was the name of the medication and/or the type of treatment?
692	B	A12UND	Other than when prescribed by a member of the medical profession, have you ever taken tranquilizers, sedatives, narcotics, or any prescription drug?
693		A12UND	Which of the following drugs have you used? Options: Tranquilizers, Sedatives, Narcotics, Combination of Multiple Drugs
694		A12UND	When did you last use tranquilizers?
695		A12UND	When did you last use sedatives?
696		A12UND	When did you last use narcotics?
697		A12UND	Provide the amount used, the frequency, and the duration.
698		A12UND	When did you last use the prescription drug?
699		A12UND	When did you last use them?
700		A12UND	Provide the names of the drugs, the amount used, the frequency, and the duration.
701	B	A12UND	Have you ever used marijuana, cocaine, heroin, barbiturates, amphetamines, hallucinogens, or other habit-forming drugs, except as prescribed by a member of the medical profession?
702		A12UND	Which of the following drugs have you used? Options: Marijuana, Cocaine, Heroin, Barbiturates, Amphetamines, Hallucinogens, Combination of multiple drugs, Other
703		A12UND	When did you last use marijuana?
704		A12UND	How often do you use marijuana per week?
705		A12UND	When did you last use cocaine?
706		A12UND	When did you last use hallucinogens?
707		A12UND	When did you last use barbiturates?
708		A12UND	When did you last use heroin?
709		A12UND	When did you last use amphetamines?
710		A12UND	Provide the amount used, the frequency, and the duration.
711		A12UND	When did you last use it?

Line #	Base Q	App Form #	Script Question
712		A12UND	When did you last use them?
713		A12UND	Provide the names of the drugs, amount used, the frequency, and the duration.
714	B	A12UND	In the last 5 years, have you had medical treatment or counseling for the use of alcohol or drugs?
715		A12UND	Have you received treatment for both alcohol and drug abuse?
716		A12UND	Have you successfully completed a substance abuse treatment program?
717		A12UND	How many times have you been treated for substance abuse?
718		A12UND	How many years has it been since you successfully completed treatment?
719		A12UND	Are you currently working at least 30 hours per week?
720		A12UND	Since completion of treatment, have you used alcohol or any drugs not prescribed by a physician?
721		A12UND	Provide full details.
722	B	A12UND	In the last 5 years, other than previously mentioned, have you participated in a support group because of alcohol or drug use?
723		A12UND	What group do you attend?
724		A12UND	What was the date you first attended?
725		A12UND	What was the date you last attended?
726		A12UND	Are you currently active in the group?
727		A12UND	How long has it been since your last use of alcohol or drugs?
728		A12UND	Provide any additional information you feel is important concerning your use of alcohol or drugs?
729	B	A12UND	Other than any you previously mentioned , in the last 5 years, have you been advised by a member of the medical profession that you have had an abnormal medical test, including a blood test, urine test, EKG, echocardiogram, or other test, except those related to the Human Immunodeficiency Virus (AIDS virus)?
730		A12UND	What type of test did you have?
731		A12UND	Provide details about the test or procedure that was completed, when and why it was completed, and the results, if known.
732	B	A12UND	Other than any you previously mentioned, in the last 5 years, have you had any diagnostic medical tests/procedures,
733		A12UND	What type of test did you have?
734		A12UND	Provide details about the test or procedure that was completed, when and why it was completed, and the results, if known.
735	B	A12UND	Other than any you previously mentioned, have you had any check-up, consultation, illness, confinement to medical facility, or surgery?
736		A12UND	What was it for?
737		A12UND	**Check-Up?**
738		A12UND	Was this a routine check-up or physical?
739		A12UND	Was this a routine check-up, physical or OB/GYN exam?
740		A12UND	Were there any abnormal findings that require follow-up or further testing?
741		A12UND	Provide details about the abnormal findings, the follow-up and/or testing required, and any other pertinent details.
742		A12UND	Provide details including when this was, what the result was, and any reason for further follow-up if needed (other than the next routine check-up).
743		A12UND	**Consultation?**
744		A12UND	Provide details, including what the condition was that led to this consultation, when the consult took place, and the date, if any, for your next appointment with your physician for this condition.
745		A12UND	**Illness?**
746		A12UND	Did you have a cold, flu, or other minor illness?
747		A12UND	Have you been told by your physician that you are fully recovered?
748		A12UND	Did you have allergies only with no other complications?
749		A12UND	Provide details, including the specific condition, when you first had it, the medication prescribed and/or treatment given, and the date, if any, for your next appointment with your physician for this condition.
750		A12UND	**Confinement to Medical Facility?**

Line #	Base Q	App Form #	Script Question
751		A12UND	Provide details including the condition or circumstance (trauma or other) that led to the confinement, when this happened, and the date, if any, for your next appointment with your physician for this condition.
752		A12UND	**Surgery?**
753		A12UND	Provide details including what the condition was that led to surgery, when you first had this, if your physician has released you from further care, or if you have ongoing treatment.
754	B	A12UND	Have you been advised to have a consultation, diagnostic test, surgery, or confinement to a medical facility that has not yet been completed, except those related to the Human immunodeficiency Virus (AIDS virus)?
755		A12UND	What was it for?
756		A12UND	**Consultation?**
757		A12UND	Provide details including the reason for the consultation, when you were told of the need for the consultation, the date of a scheduled appointment (if any) or the reason the consultation was not completed.
758		A12UND	**Diagnostic Test?**
759		A12UND	Provide details including, what test(s) was to be performed, when the test(s) was to be done, why was the test(s) is to be done (if known), why the test has not been done, and if to be done in the future, when that will be.
760		A12UND	**Surgery?**
761		A12UND	Provide details including what surgical procedure was advised, when you were advised to have it, why it has not been done, and if it is scheduled for the future, when that will be.
762		A12UND	**Confinement to Medical Facility?**
763		A12UND	Provide details including, why the confinement was advised, when you were advised of the need to be confined, and why has this not been done and if scheduled for the future, when that will be.
764	B	A12UND	Have either of your parents or any of your brothers or sisters died prior to age 60 due to cancer, high blood pressure, heart disease, stroke, or mental illness?
765		A12UND	How many deaths occurred before age 60 due to these conditions, excluding breast cancer?
766		A12UND	How many deaths occurred before age 60 due to these conditions, excluding prostate cancer?
767		A12UND	Did the death occur before age 50?
768	B	A12UND	Has your weight changed in the last 12 months?
769		A12UND	Did you lose weight?
770		A12UND	What was the reason for your weight loss?
771		A12UND	Provide full details with regards to your weight change.
772		A12UND	Within the last 3 months, have you lost more than 30 pounds?
773		A12UND	Have you been evaluated for your weight loss?
774		A12UND	Provide full details with regards to your weight loss, including method, medications taken, time frame and weight lost.
775		A12UND	Within the last 3 months, have you lost more than 15 pounds?
776	B	A12UND	What is the name, address and phone number of your Primary Care Physician or Medical Group? If you do not have a primary physician or medical group, provide the information for the physician you last saw.
777	Reqd	A12UND	Name
778	Reqd	A12UND	Address
779	Reqd	A12UND	City
780	Reqd	A12UND	Zip
781	Reqd	A12UND	State
782	Reqd	A12UND	Phone Number
783	Reqd	A12UND	When was your last visit?
784	Reqd	A12UND	Did you see them only for school, employment or insurance physicals, routine normal OB/GYN exams, routine care for cold, flu or allergies or minor accidental injuries?
785	B	A12UND	We will now ask for physician details on each medical condition you disclosed.
786		A12UND	Name
787		A12UND	Address
788		A12UND	City

Line #	Base Q	App Form #	Script Question
789		A12UND	Zip
790		A12UND	State
791		A12UND	Phone Number
792		A12UND	Date Last Seen
793		A12UND	**Closing Script Begins Here**
794		A12UND	**Reflexive questions for additional medical conditions the Proposed Insured may disclose**
795		A12UND	**Angina:**
796		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
797		A12UND	Was your first episode of angina within the last 6 months or have you been hospitalized for angina in the last 6 months?
798		A12UND	How old were you when you had your first episode of angina?
799		A12UND	Did your angina only occur during rest?
800		A12UND	When did you last experience angina?
801		A12UND	Have you ever required any medication or treatment for your angina?
802		A12UND	Provide details including the frequency of your symptoms, the date of your most recent episode, treatment received, the medication prescribed and how this affects your daily activities.
803		A12UND	**Gastrointestinal Bleeding:**
804		A12UND	Have you seen a physician for this condition?
805		A12UND	Was a cause determined?
806		A12UND	If known, provide the cause or diagnosis, the symptoms and frequency, the date you last had this condition, and how this condition affects your daily activities.
807		A12UND	When was the last time you had this condition?
808		A12UND	Describe the nature and frequency of the symptoms, treatment received and how this condition affects your daily activities.
809		A12UND	**Gastritis:**
810		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
811		A12UND	Have you been told that this condition was caused by an underlying medical condition?
812		A12UND	Provide details about the underlying condition, including diagnosis, date of onset, treatment received, medication prescribed, and the date, if any, for your next appointment with your physician for this condition.
813		A12UND	How many months ago did you last have symptoms or take medication for this condition? (Please answer according to whichever was most recent.)
814		A12UND	**Jaundice:**
815		A12UND	Was a cause determined for this condition?
816		A12UND	Was this condition caused by gallstones?
817		A12UND	Have you been told by your physician that you are fully recovered?
818		A12UND	Describe the nature and frequency of the symptoms, treatment received and how this condition affects your daily activities.
819		A12UND	When was the last time you had this condition?
820		A12UND	**Pneumonia:**
821		A12UND	Have you been told by your physician that you are fully recovered?
822		A12UND	Do you have any side effects from this condition?
823		A12UND	**Acute Bronchitis:**
824		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
825		A12UND	**Hoarseness:**
826		A12UND	When did you last have this condition?
827		A12UND	Have you been told that this condition was caused by an underlying medical condition?
828		A12UND	Was the cause determined to be something other than a common cold?

Line #	Base Q	App Form #	Script Question
829		A12UND	If known, provide the cause. Describe the symptoms, frequency, treatment received and how this condition affects your daily activities.
830		A12UND	Describe the nature and frequency of the symptoms, treatment received and how this condition affects your daily activities.
831		A12UND	**Tuberculosis:**
832		A12UND	Do you currently have this condition?
833		A12UND	Have you been told by your physician that you are fully recovered?
834		A12UND	How many years has it been since your physician told you that you were fully recovered?
835		A12UND	**Cough:**
836		A12UND	When did you last have this condition?
837		A12UND	Was a cause determined to be something other than a common cold or flu?
838		A12UND	If known please advise the cause, describe the symptoms and frequency of them, treatment received, and how this condition affects your daily activities.
839		A12UND	**Upper Respiratory Tract Infection:**
840		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
841		A12UND	**Psychotic Disorders:**
842		A12UND	Provide details including the date this condition was diagnosed, the date you last experienced symptoms, the treatment received, and the medications you take for this condition.
843		A12UND	**Basal Cell Carcinoma:**
844		A12UND	Is the treatment for your cancer complete?
845		A12UND	**Squamous Cell:**
846		A12UND	Is the treatment for your squamous cell carcinoma fully completed?
847		A12UND	When was the treatment completed?
848		A12UND	Provide details including the date of diagnosis, treatment or consultations, and any other pertinent details.
849		A12UND	**Malignant Melanoma:**
850		A12UND	What type of cancer did you have?
851		A12UND	When were you diagnosed?
852		A12UND	**Lymphoma:**
853		A12UND	How long ago was this condition diagnosed?
854		A12UND	Apart from your regular follow ups for this condition are you awaiting further: medical tests or investigations, test results or referral to hospital or surgery?
855		A12UND	**Leukemia:**
856		A12UND	What type of cancer did you have?
857		A12UND	When were you diagnosed?
858		A12UND	**Tumor:**
859		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
860		A12UND	Do you or did you have multiple or recurrent tumors?
861		A12UND	Have you ever been told the tumor was any of the following: cancerous, pre-cancerous, malignant or pre-malignant?
862		A12UND	Was/is the tumor on an internal or external part of the body?
863		A12UND	Has the tumor been completely removed?
864		A12UND	How many follow up appointments did you have after the removal?
865		A12UND	Do all of the following statements apply with regards to this condition? No further consultations required; No further treatment; Full recovery made.
866		A12UND	**Cyst:**
867		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
868		A12UND	Do you or did you have multiple or recurrent cysts?

Line #	Base Q	App Form #	Script Question
869		A12UND	Have you ever been told the cyst was any of the following: cancerous, pre-cancerous, malignant or pre-malignant?
870		A12UND	Is/was your cyst located in any of the following areas: breast, skin, scalp, genital area, ovary, fallopian tube, eye?
871		A12UND	Give details of the site of the cyst
872		A12UND	Has the cyst been removed or drained (removal of fluid)?
873		A12UND	How many follow up appointments did you have after the removal?
874		A12UND	Have you made a full recovery with no further treatment and/or consultations needed?
875		A12UND	Do all of the following statements apply with regards to this condition? No further consultations required; No further treatment; Full recovery made
876		A12UND	**Polyp:**
877		A12UND	Indicate the site of your polyp(s).
878		A12UND	Did you or do you have more than one nasal polyp?
879		A12UND	Have you had all the polyp(s) removed?
880		A12UND	Have you ever been told the polyps were any of the following: cancerous, pre-cancerous, malignant or pre-malignant?
881		A12UND	Is there an intention to remove the polyp(s)?
882		A12UND	Please provide full details with regards to this condition, including diagnosis, time of onset, treatment received and medication prescribed.
883		A12UND	**Anemia:**
884		A12UND	Was your anemia caused by internal bleeding or cancer?
885		A12UND	Has this condition been caused by an iron deficiency?
886		A12UND	When did you last see your physician for this condition?
887		A12UND	When did you last have any of the following due to your condition: restriction of your day to day activities, shortness of breath, heart palpitations?
888		A12UND	Has your physician told you to come for check-ups more frequently than every 6 months?
889		A12UND	Provide full details with regards to this condition, including diagnosis, time of onset, treatment received and medication prescribed.
890		A12UND	**Thyroid:**
891		A12UND	Which of the following conditions were you diagnosed with? Options: Overactive Thyroid, Underactive Thyroid, Thyroid Removed/Partially Removed, Other Than Listed.
892		A12UND	What condition do you wish to disclose? (Question is surfaced when prior response = Other Than Listed)
893		A12UND	Apart from your regular follow ups for this condition are you awaiting further: medical tests or investigations, test results or referral to hospital or surgery?
894		A12UND	Do you currently have this condition?
895		A12UND	Are you being treated by a physician for this condition?
896		A12UND	When did you begin treatment for this condition?
897		A12UND	Do you have any heart or psychiatric complications from this condition?
898		A12UND	How many times have you had this condition?
899		A12UND	Provide full details with regards to this condition, including diagnosis, time of onset, treatment received and medication prescribed.
900		A12UND	Have you been told by your physician that this condition is controlled?
901		A12UND	When were you diagnosed with this condition?
902		A12UND	Have you been hospitalized for this condition in the past 2 years?
903		A12UND	How long ago was your thyroid removed or partially removed?
904		A12UND	Confirm when this condition was diagnosed, how long it lasted and are you still experiencing symptoms.
905		A12UND	Have you ever been told that either a tumor or cancer caused your condition?
906		A12UND	As a result of this condition, have you been diagnosed or treated for any heart, pulse rate, blood pressure or eye complications?

Line #	Base Q	App Form #	Script Question
907		A12UND	Due to this condition, do you have any on-going symptoms of weight loss, anxiety or diarrhea?
908		A12UND	Provide full details of treatment received for this condition to include the results of any surgery.
909		A12UND	Apart from your regular follow ups for this condition are you awaiting further: medical tests or investigations, test results or referral to hospital or surgery? If yes, provide details.
910		A12UND	Describe the site and nature of the symptoms including frequency and severity.
911		A12UND	**Migraines:**
912		A12UND	Have you been told that your migraines are caused by an underlying condition?
913		A12UND	Have your migraines started within the past 12 months, or have they increased in severity within this time frame?
914		A12UND	Provide full details with regards to this condition.
915		A12UND	**Tremor:**
916		A12UND	Is/was the tremor caused by a condition you have already told us about?
917		A12UND	When did this first occur?
918		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
919		A12UND	Provide details about your tremor, including the cause if known, medication(s) prescribed, and how it affects your daily activities.
920		A12UND	**Neuritis:**
921		A12UND	Within the past 12 months, have you missed any time from work or have your daily activities been restricted due to this condition?
922		A12UND	How many weeks have you missed from work or not been able to perform your daily activities due to this condition in the last year?
923		A12UND	**Back Problems:**
924		A12UND	Has your physician released you from further care?
925		A12UND	How many weeks have you missed from work or not been able to perform your daily activities due to this condition in the last year?
926		A12UND	Describe the nature and frequency of the symptoms, treatment received and how this condition affects your daily activities.
927		A12UND	**Disc Problems:**
928		A12UND	Has your physician released you from further care?
929		A12UND	How many weeks have you missed from work or not been able to perform your daily activities due to this condition in the last year?
930		A12UND	Describe the nature and frequency of the symptoms, treatment received and how this condition affects your daily activities.
931		A12UND	**Inflammatory Bowel Disease**
932		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
933		A12UND	When were you diagnosed with this condition?
934		A12UND	Have you had surgery for this condition?
935		A12UND	How many times have you been hospitalized for this condition in the last 3 years?
936		A12UND	Have you needed to take steroids (either orally or by enema) within the last 3 years to treat this condition?
937		A12UND	Have you experienced any abdominal cramping, tenderness or urgency due to this condition in the last 90 days?
938		A12UND	Provide details about this condition, including the symptoms and frequency of them and any other pertinent details.
939		A12UND	**Ulcerative Colitis**
940		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
941		A12UND	When were you diagnosed with this condition?
942		A12UND	Have you had surgery for this condition?
943		A12UND	How many times have you been hospitalized for this condition in the last 3 years?

Line #	Base Q	App Form #	Script Question
944		A12UND	Have you needed to take steroids (either orally or by enema) within the last 3 years to treat this condition?
945		A12UND	Have you experienced any abdominal cramping, tenderness or urgency due to this condition in the last 90 days?
946		A12UND	Provide details about this condition, including the symptoms and frequency of them and any other pertinent details.
947		A12UND	**Electrocardiogram:**
948		A12UND	What were the results of your most recent EKG/Stress Test?
949		A12UND	When was your last abnormal EKG/Stress Test?
950		A12UND	**Echocardiogram:**
951		A12UND	What were the results of your most recent Echocardiogram/Stress Echo?
952		A12UND	When was your last abnormal Echocardiogram/Stress Echo?
953		A12UND	**Blood Test:**
954		A12UND	What were the results of your most recent Blood Test?
955		A12UND	When was your last abnormal Blood Test?
956		A12UND	**Abnormal Urine Test:**
957		A12UND	Which of the following applies in relation to the abnormal result: Caused by a condition already mentioned. Caused by another reason/unknown.
958		A12UND	Are you awaiting any of the following regarding the abnormal urine result: medical tests or investigations, test results or referral to hospital or surgery?
959		A12UND	Was the latest abnormal urine test result within the last 6 months?
960		A12UND	Have all your subsequent urine tests had a normal result?
961		A12UND	Have you made a full recovery with no further consultations required?
962		A12UND	**Liver Function Tests:**
963		A12UND	Were your most recent Liver Function tests normal?
964		A12UND	When was your last abnormal Liver Function test?
965		A12UND	Have you been told that your abnormal Liver Function tests are due to Cirrhosis, Sclerosing Cholangitis or malignancy/cancer?
966		A12UND	Have you been told that your abnormal Liver Function tests are due to alcohol use, Hepatitis, or medication use?
967		A12UND	Provide full details.
968		A12UND	**X-Ray:**
969		A12UND	What were the results of your most recent X-Ray?
970		A12UND	When was your last abnormal X-Ray?
971		A12UND	Provide details including the reason for the X-Ray, the result, the body area imaged, and the treatment received.
972		A12UND	**Proteinuria:**
973		A12UND	When was your last abnormal urine test?
974		A12UND	Have you had a normal urine test since?
975		A12UND	Has your physician released you from further care?
976		A12UND	**Abnormal Smear:**
977		A12UND	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?
978		A12UND	When was your last abnormal smear?
979		A12UND	Have you ever been told the result of your smear was any of the following: cancerous, pre-cancerous, malignant or pre-malignant?
980		A12UND	Did you receive treatment for your abnormal smear?
981		A12UND	Were you advised to have treatment?
982		A12UND	Have all your subsequent smears been normal?
983		A12UND	**Blood in Urine:**
984		A12UND	Was this due to a condition already disclosed?

Line #	Base Q	App Form #	Script Question
985		A12UND	When was the last time you had this condition?
986		A12UND	Provide full details with regards to this condition, including diagnosis, time of onset, treatment received and medication prescribed.
987		A12UND	Was your most recent urine specimen normal?
988		A12UND	**Medical Test:**
989		A12UND	What tests were done?
990		A12UND	When and why were these test(s) done?
991		A12UND	What were the results, if known?
992		A12UND	**Blood Sugar/HbA1c Test:**
993		A12UND	What were the results of your most recent HbA1c, Fasting Blood Sugar or Random Blood Sugar Test, if known?
994		A12UND	When was your last abnormal HbA1c, Fasting Blood Sugar or Random Blood Sugar Test?

Step	Introduction
1	Introduction will include the following information: 1. The caller will identify them self. 2. Purpose of the call. 3. Expected duration of the call. 4. Notify proposed insured that answers and statements provided will become part of their life insurance application. 5. Does the proposed insured have time for the interview now? IF YES TO ITEM 5, GO TO STEP 2 IF NO, THEN GO TO STEP 3
2	Thank you. I need to let you know that this call is being recorded for quality assurance purposes. The information you give me today will be treated confidentially. To begin, I'd like to confirm some information about you. What is your full name? What is your address? What is your date of birth? What are the last four digits of your social security number? Thank you. Next, I'm going to ask some general questions. MAIN INTERVIEW SCRIPT STARTS HERE.
3	If the proposed insured is unable to complete the interview at this time, the interviewer will provide the following options: • Schedule an interview date/time that works for the proposed insured. • Provide proposed insured with a toll free number to call back at their convenience.

Step	Closing
1	In conclusion, there is one final question: Are the answers and statements you provided during the telephone interview true and complete to the best of your knowledge and belief? IF YES, THEN GO TO **END** IF NO, THEN INTERVIEWER ASKS WHICH QUESTION(S) MAY NOT BE CORRECT AND RETURNS TO THE QUESTION(S) TO RECORD THE INCORRECT OR MISSING INFORMATION.
End	Thank you for your time today in completing the telephone interview for your Pacific Life Insurance application. If you have any questions please contact your financial professional.

Supporting Document Schedules

		Item Status:	**Status Date:**
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Readability Certification (g).pdf			

		Item Status:	**Status Date:**
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability A12 v5 final (A12PRI, A12TRM, & A12DEC).pdf Statement of Variability A12COH final (g).pdf Statement of Variability App Part II v6 final (A12UND).pdf			

		Item Status:	**Status Date:**
Satisfied - Item:	A12 Application (John Doe Sample)		
Comments:			
Attachment(s):			
A12 App John Doe Sample-Generic.pdf			

		Item Status:	**Status Date:**
Satisfied - Item:	A12 UND Underwriting Supplement to Application (John Doe Sample)		
Comments:			
Attachment(s):			
A12UND John Doe Sample.pdf			

		Item Status:	**Status Date:**

Satisfied - Item:	A12AUT Authorization to Obtain Information		
Comments:			
Attachment(s):			
A12AUT.pdf			

		Item Status:	**Status Date:**
Satisfied - Item:	Tele-App Ticket for Term		
Comments:			
Attachment(s):			
Tele-App Ticket (15-30648-05).pdf			

READABILITY CERTIFICATION

Form Filing for: **Pacific Life Insurance Company**

Policy Form Numbers & Flesch Scores:		
	A12PRI	50.3
	A12TRM	50.3
	A12DEC	50.3
	A12UND	50.5
	A12COH	50.8
	A12PRIS	51.7
	A12VSS	65.3

(Flesch test was made for entire form, not for selected samples.)

Test type: 10 point

I certify that in my judgment this filing is:

- READABLE (simple sentence structure – shortness of sentences – use of common words – avoidance of legal and technical terms to greatest possible extent and defining of those terms which cannot be avoided – minimum of cross-references).
- LEGIBLE (ample type size for text with contrasting type for headings and subheadings – ample space between lines – ample white space in margins and between section – ample ink-to-paper contrast).
- IN LOGICAL ORDER AND FORMAT (table of contents or index included – sections and subsections self-contained and arranged in logical flow – extensive use of headings and subheadings to facilitate location of particular items – outline form used where desirable for clarity).

I believe this filing:

- Meets or exceeds the requirements of the policy readability legislation already enacted in numerous states; and
- Meets or exceeds the requirements of the NAIC Model Bill on language simplification.

Signed for the Company at Aliso Viejo, California on 10/10/2012

SIGNATURE

THOMAS C. BILELLO
NAME

VICE PRESIDENT
TITLE

LOCATION	FACTOR	SAMPLE VALUE	RANGE	CONDITIONS
Sample app. page 1 (A12PRI)	Company contact information	Life Insurance Division P. O. Box 2030 * Omaha, NE 68103-2030 (800) 347-7787 * Fax (866) 964-4860 www.PacificLife.com	Company address, telephone number, fax number, website	Reflects the current address, phone number, fax number and website of the company
Sample app. page 1 (A12PRI), script questions 9 to 13	Currently Employed/Self Employed	Occupation: *Engineer* Duties: *Bridge Design* Company/Employer Name: *Acme Design* Work Address: *123 Main St. Houston, TX 70001* How Long: *10 years*	Fields to collect: Occupation, Duties, Company/Employer Name, Work Address, How long Applicant response, text value	Displays when Current Employed/Self Employed box is selected
Sample app. page 1 (A12PRI), script question 14	Main Source of Earned Income	Not Present	Applicant response, text value	Displays when applicant response to Current Employment question is: Status = Unemployed or Retired, and Total Annual Earned Income > 0
Sample app. page 1 (A12PRI), script question 6	Source Of Other Unearned Income	Not Present	Applicant response, text value	Displays when Total Annual Unearned Income > 0
Sample app. page 1 (A12PRI), script questions 16, 17	If **YES:** Amount of life insurance in force on your spouse/partner $	Amount of life insurance in force on your spouse/partner $:*50,000*	Applicant response, numerical value	Displays when applicant response to "Are you married or in a legally recognized civil union or domestic partnership?" = Yes
Sample app. page 1 (A12PRI), script question 19	If **NO:** Do you have Permanent Resident Status in the U.S.?	Not Present	Applicant response, Yes/No value	Displays when applicant response to "Are you a U.S. Citizen?" = No
Sample app. page 1 (A12PRI), script questions 20 and 21	If **YES:** What is your Permanent Resident Card Number? How long have you lived in the U.S.?	Not Present	Applicant response, numerical values	Displays when applicant response to "Do you have Permanent Resident Status in the U.S.?" = Yes
Sample app. page 1 (A12PRI), script questions 22 to 24	If **NO:** What is your Country of Citizenship? How long have you lived in the U.S.? What type of Visa do you hold?	Not Present	Applicant response, text value	Displays when applicant response to "Do you have Permanent Resident Status in the U.S.?" = No
Sample app. page 2	Primary Policyowner	Not Present	Fields to collect:	Displays when response to "Who

(A12PRI), Ticket question 2 (A-D)			Name, Relationship to Proposed Insured, SSN/TIN, Date of Birth, Address Applicant response, text value	will own the policy?" = Other Individual or Business, collected on *Ticket* (note: Ticket will collect owner Date of Birth at a later time (not available at initial release of the application)
Sample app. page 2 (A12PRI), script questions 31 to 34	Primary Policyowner	Not Present	Fields to collect: Name of Trust and related information as shown Applicant response, text value	Displays when applicant response to "Who will own the policy?" = Trust
Sample app. page 2 (A12PRI), script questions 35, 36	Sub-brackets in Trust section: Other, Relationship	Not Present	Field to collect Other data and Relationship Applicant response, text value	Displays when applicant response to "Who is the grantor?" = Other
Sample app. page 2 (A12PRI), script questions 37 to 48	Sub-brackets in Trust section: Specific trustee	Not Present	Field to collect Specific trustee name Applicant response, text value	Displays when applicant response to "Which trustee(s) must sign to exercise ownership rights?" = Specific trustee
Sample app. page 2 (A12PRI), script question 49	Name of Attorney	Not Present	Applicant response, text value	Displays when applicant response to "Did an attorney prepare the trust document?" = Yes
Sample app. page 2 (A12PRI), script question 50	If **NO**: How was the trust prepared?	Not Present	Applicant response, text value	Displays when applicant response to "Did an attorney prepare the trust document?" = No
Sample app. page 2 (A12PRI)	Additional Policyowner	Not Present	Fields to collect: Name, Relationship to Proposed Insured, Address, SSN/TIN Applicant response, text value	Displays when an additional policyowner is named in the remarks section of the *Ticket*
Sample app. page 2 (A12PRI)	Additional Policyowner	Not Present	Fields to collect: Name, Relationship to Proposed Insured, Address, SSN/TIN Applicant response, text value	Displays when an additional policyowner is named in the remarks section of the *Ticket*
Sample app. page 3 (A12PRI)	Additional Policyowner	Not Present	Fields to collect: Name, Relationship to Proposed Insured, Address, SSN/TIN	Displays when an additional policyowner is named in the remarks section of the *Ticket*

			Applicant response, text value	
Sample app. page 3 (A12PRI)	Primary Beneficiary	Not Present	Fields to collect: Name, % of Proceeds, Relationship to Proposed Insured, Date of Trust	Displays when an additional beneficiary is named in the remarks section of the *Ticket*
Sample app. page 3 (A12PRI)	Contingent Beneficiary	Not Present	Fields to collect: Name, % of Proceeds, Relationship to Proposed Insured, Date of Trust	Displays when a contingent beneficiary is named in the remarks section of the *Ticket*
Sample app. page 4 (A12TRM), Ticket question 3B	Face Amount	Face Amount: $*200,000*	Present or not Present	Displays when "Product Name" is other than Pacific Income Term, collected on the *Ticket*
Sample app. page 4 (A12TRM), Ticket question 3C	Optional Benefits	Not Present	Fields to collect additional rider names and coverage amounts Applicant response, text and numeric values	Display when additional/other riders are requested at time of application, collected on the *Ticket*
Sample app. page 4 (A12TRM), Ticket remarks section	I decline the Accelerated Death Benefit Rider for Terminal Illness and I understand the benefit cannot be requested at a later time.	Not Present	Present or not Present	Display when Accelerated Death Benefit Rider for Terminal Rider is declined, collected in the remarks section on the *Ticket*
Sample app. page 5 (A12PRI)	Specific Date	Not Present	Applicant response, numeric value	Display when Specific Date is selected, default is current date. Option to support a Specific Date will be systematically supported and available at a later time (not available at initial release of the application)
Sample app. page 5 (A12PRI)	By requesting a backdated policy, all parties understand that premium will be applied as if coverage began on the Policy Date.	Not Present	Present or not Present	Display when Date to Save Age is checked or Specific Date is < current date. This functionality is tied to the Specific Date entry above and will not be available at the initial release of the application.
Sample app. page 5 (A12PRI), script questions 25 to 28	Payment Method	Not Present	Fields to collect: Name of Payor, Relationship to Proposed Insured, and Address Applicant Response, text values	Displays when applicant response to "Who will pay for the policy?" = Other
Sample app. page 5	Other (within Payment	Not Present	Applicant Response, text values	Displays when applicant

(A12PRI), script questions 29, 30	Method)			response to "What is the source of the premium payments?" = Other
App. page 5, Ticket question 4 (A, B)	Provide details for any **existing** life insurance or annuity, including any with PLIC (question C under Other Life Insurance section)	Policy/Contract #: *0000000000* Company: *Mutual of Omaha* Face Amt/Contract Value: *$50,000* Issue Year: *2011* Product: *Life* Type: *Individual* Purpose : *Personal* Replace: *No* 1035 Exch: *No* MEC: *No* Existing Loan: *Yes* New Loan to PLIC*: *No*	Fields to collect: Policy/Contract #, Company, Face Amt/Contract Value, Issue Year, Product, Type, Purpose, Replace, 1035 Exch, MEC, Existing Loan, New Loan to PLIC? Applicant Response, text and numeric, and Yes/No/Unknown(Unk) or N/A values	Displays when applicant response to A or B = Yes, collected on the *Ticket* and on the *In Force, Pending and Replacement Information Form*
Sample app. page 5 (A12PRI)	Under federal tax rules, if any policy is received in exchange for a Modified Endowment Contract (MEC), the new policy will also be a MEC. This rule applies whether or not the policies are issued by the same insurance company.	Not Present	Present or not Present	Displays when applicant response to question C, MEC status = Yes or Unknown (Unk) , collected on the *In Force, Pending and Replacement Information Form*
Sample app. page 6 (A12PRI)	Company, Face Amount, Purpose	Not Present	Applicant response, text and numeric values	Displays when applicant response to "Does the proposed insured have any application currently **pending,** or have **plans to apply** for new life insurance with any other company(ies)?" = Yes, collected on the *Ticket* and on the *In Force, Pending and Replacement Information Form*
Sample app. page 6 (A12PRI), Ticket question 4 (A, B)	3. Do you plan to purchase any policy in the chart above in addition to the PLIC policy being applied for?	Not Present	Applicant response, Yes/No value	Displays when applicant response to "Does the proposed insured have any application currently **pending,** or have **plans to apply** for new life insurance with any other company(ies)?" = Yes, collected on the *Ticket* and on the *In Force, Pending and Replacement Information Form*
Sample app. page 6	Item number	4	3 or 4	Numbering will vary based on

(A12PRI), Ticket question 4 (A, B)				presence of question #3 above)
Sample app. page 6 (A12PRI), Ticket question 4 (A, B)	Details	Not Present	Applicant response, Yes/No value	Displays when applicant response to "Do you plan to purchase any policy in the chart above in addition to the PLIC policy being applied for?" = Yes, collected on the *Ticket* and on the *In Force, Pending and Replacement Information Form*
Sample app. page 7 (A12DEC)	Modified Endowment Contract (MEC) Status	Displaying for representative purposes only, not present for sample app data	Present or not present	Displays when applicant response to question C under Other Life Insurance section, MEC status = Yes or Unknown (Unk) or if policy is illustrated as a MEC in current or future years
Sample app. page 7 (A12DEC)	Trust Owned Policies	Displaying for representative purposes only, not present for sample app data	Present or not present	Displays when applicant response to "Who will own the policy?" = Trust
Sample app. page 8 (A12DEC)	Proposed Insured's Consent for Employer Owned Insurance	Displaying for representative purposes only, not present for sample app data	Present or not present	Displays when applicant response to "Who will own the policy?" = Business, or when applicant response to "Was the trust established for a business?" (asked in optional trust section on page 2) = Yes
Sample app. page 8 (A12DEC)	Employer Acknowledgment Regarding the Potential Taxation of Death Benefits	Displaying for representative purposes only, not present for sample app data	Present or not present	Displays when applicant response to "Who will own the policy?" = Business, or when applicant response to "Was the trust established for a business?" (asked in optional trust section on page 2) = Yes
Sample app. page 9 (A12DEC), item 14	If insurance is being applied for on the life of any non-exempt employee, then such insurance is not prohibited by applicable state law.	Displaying for representative purposes only, not present for sample app data	Present or not present	Displays when applicant response to "Who will own the policy?" = Business, or when applicant response to "Was the trust established for a business?" (asked in optional trust section on page 2) = Yes
Sample app. page 9	If this application is for a	Displaying for representative purposes	Present or not present	Displays when Product = IUL

(A12DEC), item 15	product with an equity indexed feature, I ACKNOWLEDGE that: I am applying for a product with an equity indexed feature, for which the crediting for the indexed account tracks the gains and the losses of an outside financial index, subject to a growth cap and floor. I further understand that, while the values of the policy may be determined in part, by reference to an external index, the equity indexed feature does not directly participate in any stock or equity investments and values shown to me, other than the minimum values, are not guarantees, promises, or warranties.	only, not present for sample app data		
Sample app. page 10 (A12DEC)	Policyowner Signature, Additional Policyowner's signature	Displaying for representative purposes only, not present for sample app data	Fields to collect Additional Signatures Applicant response, text value	Additional signature fields display when Policyowner is other than the Insured when additional owners are named in the comments section of the *Ticket*
Sample app. page 10 (A12DEC)	Full Name and Title	Displaying for representative purposes only, not present for sample app data	Fields to collect Full Name and Title	Displays when Owner = Trust or Business

Statement of Variability
Policy Form A12COH

LOCATION	FACTOR	SAMPLE VALUE	RANGE	CONDITIONS
Sample certificate page 1 (A12COH)	Company contact information	Life Insurance Division P. O. Box 2030 * Omaha, NE 68103-2030 (800) 347-7787 * Fax (866) 964-4860 www.PacificLife.com	Company address, telephone number, fax number, website	Reflects the current address, phone number, fax number and website of the company

LOCATION	FACTOR	SAMPLE VALUE	RANGE	CONDITIONS
Sample app. page 1 (A12UND)	Company contact information	Life Insurance Division P. O. Box 2030 * Omaha, NE 68103-2030 (800) 347-7787 * Fax (866) 964-4860 www.PacificLife.com	Company address, telephone number, fax number, website	Reflects the current address, phone number, fax number and website of the company
Sample app. page 1 (A12UND), script questions 53 to 56	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Within the next 2 years do you plan to travel outside the U.S.?” = Yes
Sample app. page 1 (A12UND), script questions 58 to 61	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Within the next 2 years do you plan to reside outside the U.S.?” = Yes
Sample app. page 1 (A12UND), script questions 65 to 72	Detailed questions asked as written in the script	Do you intend to participate in this activity in the next 2 years?: *Yes* Do you participate in skydiving on a professional level?: *Yes* Are you a member of a skydiving club? : *Yes* How many jumps do you do per year? : *8*	Applicant response, text values	Displays when applicant response to “Skydiving?” = Yes
Sample app. page 1 (A12UND), script questions 74 to 81	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Parachute Jumping?” = Yes
Sample app. page 1 (A12UND), script questions 83 to 91	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Hang Gliding?” = Yes
Sample app. page 1 (A12UND), script questions 93 to 98	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Parasailing?” = Yes
Sample app. page 1 (A12UND), script questions 100 to 104	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Hot Air Ballooning?” = Yes
Sample app. page 1 (A12UND), script questions 106 to 114	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Ultralight Flying?” = Yes
Sample app. page 1 (A12UND), script questions 116 to 124	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Paragliding?” = Yes
Sample app. page 1	Detailed questions asked as	Do you intend to participate in this	Applicant response, text values	Displays when applicant

(A12UND), script questions 126 to 130	written in the script	activity in the next 2 years?: *Yes* Provide all details regarding this activity, including locations, type, frequency, hours, and any other pertinent details.: *Planning trip to Calgary next year and taking bungee jump excursion which includes a couple of jumps from a bridge, harnessed at the ankles.*		response to “Bungee Jumping?” = Yes
Sample app. page 1 (A12UND), script questions 132 to 136	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Base Jumping?” = Yes
Sample app. page 1 (A12UND), script questions 138 to 154	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Scuba Diving?” = Yes
Sample app. page 1 (A12UND), script questions 156 to 162	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Mountain Climbing?” = Yes
Sample app. page 1 (A12UND), script questions 164 to 170	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Ice Climbing?” = Yes
Sample app. page 1 (A12UND), script questions 172 to 180	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Automobile Racing?” = Yes
Sample app. page 1 (A12UND), script questions 182 to 189	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Motorcycle Racing?” = Yes
Sample app. page 1 (A12UND), script questions 191 to 196	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Motorboat Racing?” = Yes
Sample app. page 1 (A12UND), script questions 198 to 203	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Boxing?” = Yes
Sample app. page 1 (A12UND), script questions 205 to 209	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Mixed Martial Arts?” = Yes
Sample app. page 1 (A12UND), script questions 211 to 226	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “In the last 2 years or within the next 2 years, do you plan to fly or have you flown, as a pilot, student pilot, or crewmember?” = Yes

Sample app. page 1 (A12UND), script question 228	Why do you work fewer than 30 hours per week?	Not Present	Applicant response, text values	Displays when applicant response to “Do you work at least 30 hours per week outside the home?” = No
Sample app. page 1 (A12UND), script questions 230 to 232	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Have your job duties been restricted in any way in the last 6 months due to illness or injury?” = Yes
Sample app. page 1 (A12UND), script questions 234 to 236	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Are you now a member, or do you intend to become a member of the U.S. Armed Forces, National Guard, or Reserves?” = Yes
Sample app. page 1 (A12UND), script questions 238 to 240	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “In the last 5 years, have you filed for bankruptcy?” = Yes
Sample app. page 1 (A12UND), script questions 242 to 246	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “In the last 5 years, have you had a driver’s license restricted or revoked or been convicted of moving violations?” = Yes
Sample app. page 1 (A12UND), script questions 248 to 255	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Have you ever been convicted of a felony, or do you have felony charges pending against you now?” = Yes
Sample app. page 2 (A12UND), script questions 257 to 260	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “In the last 6 months, have you applied for any other life insurance?” = Yes
Sample app. page 2 (A12UND), script questions 262 to 264	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Have you ever been declined, postponed or charged an additional premium for life, health, long-term care, or disability insurance?” = Yes
Sample app. page 2	Detailed questions asked as	Not Present	Applicant response, text values	Displays when applicant

(A12UND), script questions 266 to 269	written in the script			response to “In the last 12 months, have you received any disability, chronic illness, long-term care, or accident related medical benefits?” = Yes
Sample app. page 2 (A12UND), script questions 271 to 279	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Have you ever used tobacco or products containing nicotine in any form?” = Yes
Sample app. page 2 (A12UND), script questions 282 to 299	Detailed questions asked as written in the script	High Blood Pressure? : *Yes* Have you been hospitalized for your blood pressure in the last 2 years? : *No* Are you taking medication for your blood pressure? : *Yes* How many different medications do you take for your blood pressure? : *2* Do you know what your most recent blood pressure was? : *Yes* What was your most recent blood pressure reading? : *135/86* Coronary Artery Disease? : *Yes* Within the past 6 months, have you been hospitalized or undergone surgery for this condition? : *No* How old were you when this condition was diagnosed? : *55* Have you ever had surgery for this condition?: *Yes* How many surgeries have you had for this condition? : *1* Have you had a heart attack since your surgery? : *No* Have you had any of the following in the past 6 months: chest pain, shortness of breath, or irregular heart beat?: *No* Have you been told you have a heart valve disorder? *Yes*	Applicant response, text values	Displays when applicant response to “Have you ever been diagnosed, treated, or been given medical advice by a member of the medical profession for any of the following conditions: High Blood Pressure or Coronary Artery Disease?” = Yes
Sample app. page 2 (A12UND), script questions 302, 312, 320, 322, 327, 332	Chest Pain? Heart Attack? Heart Failure? Heart Murmur? Rheumatic Fever? Another disorder of disease of the heart?	Chest Pain? : *No* Heart Attack? : *No* Heart Failure? : *No* Heart Murmur? : *No* Rheumatic Fever? : *No*	Applicant response, text values	Displays when applicant response to “Any other disorder or disease of the heart?” = Yes

		Another disorder of disease of the heart? : *Yes (For application demonstration purposes, it is assumed that this response included verbal reference to angina – additional questions are asked as shown in subsequent sections of the SOV)*		
Sample app. page 2 (A12UND), script questions 303 to 311	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Chest Pain?” = Yes
Sample app. page 2 (A12UND), script questions 313 to 319	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Heart Attack?” = Yes
Sample app. page 2 (A12UND), script question 321	Detailed question asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Heart Failure?” = Yes
Sample app. page 2 (A12UND), script questions 323 to 326	Detailed questions as asked as written in the script (sample displayed on the Underwriting Supplement to Application)	Not Present	Applicant response, text values	Displays when applicant response to “Heart Murmur?” = Yes
Sample app. page 2 (A12UND), script questions 328 to 331	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Rheumatic Fever?” = Yes
Sample app. page 2 (A12UND), script questions 333 to 334	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Another disorder or disease of the heart?” = Yes
Sample app. page 3 (A12UND), script questions 337, 339, 341	Carotid Artery Disease? Aneurysm? Another disorder or disease of the arteries or veins?	Displaying for representative purposes only, not present for sample app data	Applicant response, Yes/No values	Displays when applicant response to “Any disorder or disease of the arteries or veins?” = Yes
Sample app. page 3 (A12UND), script question 338	Provide details about this condition, including when it was diagnosed, the treatment received, the medication used, and if you are fully recovered or still under the care of your doctor.	Not Present	Applicant response, text values	Displays when applicant response to “Carotid Artery Disease?” = Yes
Sample app. page 3 (A12UND), script question 340	Provide details about this condition, including when it was diagnosed, the treatment received, the medication used, and if you are fully recovered	Not Present	Applicant response, text values	Displays when applicant response to “Aneurysm?” = Yes

	or still under the care of your doctor.			
Sample app. page 3 (A12UND), script questions 342, 343	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Another disorder or disease of the arteries or veins?” = Yes
Sample app. page 3 (A12UND), script questions 345, 346	Have you been prescribed medications for this condition? Have you been told that your most recent Cholesterol reading was normal?	Not Present	Applicant response, Yes/No values	Displays when applicant response to “High Cholesterol?” = Yes
Sample app. page 3 (A12UND), script questions 349, 357, 363, 368, 376, 384	Ulcer? GERD? Diverticulitis? Colitis? Crohn’s Disease? Another disorder or disease of the gastrointestinal system?	Displaying for representative purposes only, not present for sample app data	Applicant response, Yes/No values	Displays when applicant response to “Any disorder or disease of the stomach, intestines, gallbladder, or other abdominal organs?” = Yes
Sample app. page 3 (A12UND), script questions 350 to 356	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Ulcer?” = Yes
Sample app. page 3 (A12UND), script questions 358 to 362	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “GERD?” = Yes
Sample app. page 3 (A12UND), script questions 364 to 367	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Diverticulitis?” = Yes
Sample app. page 3 (A12UND), script questions 369 to 375	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Colitis?” = Yes
Sample app. page 3 (A12UND), script questions 377 to 383	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Crohn’s Disease?” = Yes
Sample app. page 3 (A12UND), script questions 385, 386	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Another disorder or disease of the gastrointestinal system?” = Yes
Sample app. page 3 (A12UND), script questions 389, 397, 398	Hepatitis? Cirrhosis? Another disorder or disease of the liver?	Displaying for representative purposes only, not present for sample app data	Applicant response, Yes/No values	Displays when applicant response to “Hepatitis, cirrhosis, or any other disorder or disease of the liver?” = Yes
Sample app. page 3 (A12UND), script	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Hepatitis?” = Yes

questions 390 to 396				
Sample app. page 3 (A12UND), script questions 399, 400	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Another disorder or disease of the liver?” = Yes
Sample app. page 3 (A12UND), script questions 403, 413, 425	Diabetes? Glucose Intolerance? High Blood Sugar?	Displaying for representative purposes only, not present for sample app data	Applicant response, Yes/No values	Displays when applicant response to “Diabetes, Glucose Intolerance or High Blood Sugar?” = Yes
Sample app. page 3 (A12UND), script questions 404 to 412	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Diabetes?” = Yes
Sample app. page 3 (A12UND), script questions 414 to 424	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Glucose Intolerance?” = Yes
Sample app. page 3 (A12UND), script questions 426 to 436	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “High Blood Sugar?” = Yes
Sample app. page 3 (A12UND), script questions 438, 444	Pancreatitis? Another disorder or disease of the pancreas?	Displaying for representative purposes only, not present for sample app data	Applicant response, Yes/No values	Displays when applicant response to “Pancreatitis or any other disorder or disease of the pancreas?” = Yes
Sample app. page 3 (A12UND), script questions 439 to 443	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Pancreatitis?” = Yes
Sample app. page 3 (A12UND), script questions 445 to 446	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Another disorder or disease of the pancreas?” = Yes
Sample app. page 3 (A12UND), script questions, 449, 452, 458, 465, 481	Kidney Failure? Kidney Stones? Bladder Stones? Recurrent Infections? Another disorder or disease of the kidneys or bladder?	Displaying for representative purposes only, not present for sample app data	Applicant response, Yes/No values	Displays when applicant response to “Any disorder or disease of the kidneys or bladder?” = Yes
Sample app. page 3 (A12UND), script questions 450, 451	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Kidney Failure?” = Yes
Sample app. page 3 (A12UND), script questions 453 to 457	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Kidney Stones?” = Yes
Sample app. page 3 (A12UND), script questions 459 to 464	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Bladder Stones?” = Yes

Sample app. page 3 (A12UND), script question 466	Was the infection in your kidney or bladder? (as shown in the script)	Not Present	Applicant response, text values	Displays when applicant response to “Recurrent Infections?” = Yes
Sample app. page 3 (A12UND), script questions 468 to 473	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Was the infection in your kidney or bladder?” = kidney infection
Sample app. page 3 (A12UND), script questions 475 to 480	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Was the infection in your kidney or bladder?” = bladder infection
Sample app. page 3 (A12UND), script questions 482, 483	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Another disorder or disease of the kidneys or bladder?” = Yes
Sample app. page 3 (A12UND), script questions 486, 495, 501, 507	Asthma? COPD? Emphysema? Sleep Apnea?	Displaying for representative purposes only, not present for sample app data	Applicant response, Yes/No values	Displays when applicant response to “Asthma, COPD, Emphysema, or Sleep Apnea?” = Yes
Sample app. page 3 (A12UND), script questions 487 to 494	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Asthma?” = Yes
Sample app. page 3 (A12UND), script questions 496 to 500	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “COPD?” = Yes
Sample app. page 3 (A12UND), script questions 502 to 506	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Emphysema?” = Yes
Sample app. page 3 (A12UND), script questions 508 to 513	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Sleep Apnea?” = Yes
Sample app. page 3 (A12UND), script questions 515, 516	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Any other disorder or disease of the respiratory system?” = Yes
Sample app. page 3 (A12UND), script questions 518, 519	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Any disorder or disease of the breast, prostate, or reproductive organs?” = Yes
Sample app. page 3 (A12UND), script	Anxiety? Depression? Bi-Polar Disorder?	Displaying for representative purposes only, not present for sample app data	Applicant response, Yes/No values	Displays when applicant response to “Anxiety,

questions 522, 526, 533				Depression, or Bi-Polar Disorder?" = Yes
Sample app. page 3 (A12UND), script questions 523, 524	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Anxiety?" = Yes
Sample app. page 3 (A12UND), script questions 526 to 532	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Depression?"= Yes
Sample app. page 3 (A12UND), script questions 534 to 540	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Bi-Polar Disorder?" = Yes
Sample app. page 3 (A12UND), script questions 542, 543	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Any other psychiatric or mental health disorder or disease?" = Yes
Sample app. page 3 (A12UND), script questions 545, 546	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Any form of cancer, tumor, cyst, or polyp?" = Yes
Sample app. page 3 (A12UND), script questions 548, 549	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Any disorder or disease of the blood, skin, thyroid, lymph, or other glands?" = Yes
Sample app. page 4 (A12UND), script questions 551 to 556	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Stroke, mini-stroke, or TIA?" = Yes
Sample app. page 4 (A12UND), script questions 558 to 563	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Epilepsy, Seizure or Convulsion?" = Yes
Sample app. page 4 (A12UND), script question 567, 573, 579, 582	Have you had headaches, fainting, concussion, or dizziness?	Displaying for representative purposes only, not present for sample app data	Applicant response, Yes/No values	Displays when applicant response to "Any other disorder or disease of the brain or nervous system?" = Yes
Sample app. page 4 (A12UND), script questions 568 to 572	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Headaches?" = Yes
Sample app. page 4 (A12UND), script questions 574 to 578	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Fainting?" = Yes
Sample app. page 4 (A12UND), script	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Concussion?" = Yes

questions 580, 581				
Sample app. page 4 (A12UND), script questions 583 to 586	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Dizziness?” = Yes
Sample app. page 4 (A12UND), script questions 588 to 591	Have you had memory loss, Alzheimer's Disease, or dementia?	Not Present	Applicant response, text values	Displays when applicant response to “Any other disorder or disease of the brain or nervous system?” = Yes
Sample app. page 4 (A12UND), script questions 594, 596, 600, 604	Have you had Multiple Sclerosis, Parkinson's Disease, Huntington's Disease, or Lou Gehrig’s Disease (ALS)?	Not Present	Applicant response, text values	Displays when applicant response to “Any other disorder or disease of the brain or nervous system?” = Yes
Sample app. page 4 (A12UND), script question 595	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Multiple Sclerosis?” = Yes
Sample app. page 4 (A12UND), script questions 597 to 599	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Parkinson's Disease?” = Yes
Sample app. page 4 (A12UND), script questions 601 to 603	Detailed questions asked as written in the script	Not Present	Not Present	Not Present
Sample app. page 4 (A12UND), script questions 606, 607	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Another disorder or disease of the brain or nervous system?” = Yes
Sample app. page 4 (A12UND), script questions 610, 611, 614, 617, 620	Glaucoma? Retinopathy? Macular Degeneration? Blindness? Another disorder or disease of the eyes, ears, nose, or throat?	Displaying for representative purposes only, not present for sample app data	Applicant response, text values	Displays when applicant response to “Any disorder or disease of the eyes, ears, nose, or throat?” = Yes
Sample app. page 4 (A12UND), script questions 612, 613	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Retinopathy?” = Yes
Sample app. page 4 (A12UND), script questions 615, 616	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Macular Degeneration?” = Yes
Sample app. page 4 (A12UND), script questions 618, 619	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Blindness?” = Yes
Sample app. page 4 (A12UND), script	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Another disorder or

questions 621, 622				disease of the eyes, ears, nose, or throat?” = Yes
Sample app. page 4 (A12UND), script questions 625, 633, 634, 642, 645, 647, 650, 652, 655, 661, 668	Arthritis? Gout? Broken Bones? Sciatica? Cerebral Palsy? Myasthenia Gravis? Muscular Dystrophy? Osteomyelitis? Post-Polio Syndrome? Paralysis? Another disorder or disease of the muscular or skeletal system?	Displaying for representative purposes only, not present for sample app data	Applicant response, Yes/No values	Displays when applicant response to “Any disorder or disease of the muscles or bones, including the spine, back or joints?” = Yes
Sample app. page 4 (A12UND), script questions 626 to 632	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Arthritis?” = Yes
Sample app. page 4 (A12UND), script questions 635 to 641	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Broken Bones?” = Yes
Sample app. page 4 (A12UND), script questions 643, 644	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Sciatica?” = Yes
Sample app. page 4 (A12UND), script question 646	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Cerebral Palsy?” = Yes
Sample app. page 4 (A12UND), script questions 648, 649	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Myasthenia Gravis?” = Yes
Sample app. page 4 (A12UND), script question 651	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Muscular Dystrophy?” = Yes
Sample app. page 4 (A12UND), script questions 653, 654	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Osteomyelitis?” = Yes
Sample app. page 4 (A12UND), script questions 656 to 660	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Post-Polio Syndrome?” = Yes
Sample app. page 4 (A12UND), script questions 662 to 667	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Paralysis?” = Yes
Sample app. page 4 (A12UND), script questions 669, 670	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Another disorder or disease of the muscular or skeletal system?” = Yes

Sample app. page 4 (A12UND), script questions 673, 676, 682	Lupus? Scleroderma? Another connective tissue disorder or disease?	Displaying for representative purposes only, not present for sample app data	Applicant response, text values	Displays when applicant response to “Lupus, scleroderma, or any other connective tissue disorder or disease?” = Yes
Sample app. page 4 (A12UND), script questions 674, 675	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Lupus?” = Yes
Sample app. page 4 (A12UND), script questions 677 to 681	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Scleroderma?” = Yes
Sample app. page 4 (A12UND), script questions 683 to 684	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Another connective tissue disorder or disease?” = Yes
Sample app. page 4 (A12UND), script questions 686, 687	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Any disorders or diseases of the immune system, except those related to the Human Immunodeficiency Virus (AIDS virus)?” = Yes
Sample app. page 5 (A12UND), script questions 689 to 691	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “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
Sample app. page 5 (A12UND), script questions 693 to 700	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Other than when prescribed by a member of the medical profession, have you ever taken tranquilizers, sedatives, narcotics, or any prescription drug?” = Yes
Sample app. page 5 (A12UND), script questions 702 to 713	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Have you ever used marijuana, cocaine, heroin, barbiturates, amphetamines, hallucinogens, or other habit-

				forming drugs, except as prescribed by a member of the medical profession?" = Yes
Sample app. page 5 (A12UND), script questions 715 to 721	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "In the last 5 years, have you had medical treatment or counseling for the use of alcohol or drugs?" = Yes
Sample app. page 5 (A12UND), script questions 723 to 728	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "In the last 5 years, other than previously mentioned, have you participated in a support group because of alcohol or drug use?" = Yes
Sample app. page 5 (A12UND), script questions 730, 731	What type of test did you have?	Not Present	Applicant response, text values	Displays when applicant response to "Other than any you previously mentioned, in the last 5 years, have you been advised by a member of the medical profession that you have had an abnormal medical test, including a blood test, urine test, EKG, echocardiogram, or other test?" = Yes
Sample app. page 5 (A12UND), script questions 733, 734	What type of test did you have?	Not Present	Applicant response, text values	Displays when applicant response to "Other than any you previously mentioned, in the last 5 years, have you had any diagnostic medical tests/procedures?" = Yes
Sample app. page 5 (A12UND), script questions 736 to 753	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Other than any you previously mentioned, have you had any check-up, consultation, illness, confinement to medical facility, or surgery?" = Yes
Sample app. page 5 (A12UND), script questions 755 to 763	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to "Have you been advised to have a consultation, diagnostic test, surgery, or confinement to a medical facility that has not yet been completed?"

				= Yes
Sample app. page 5 (A12UND), script questions 765 to 767	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Have either of your parents or any of your brothers or sisters died prior to age 60 due to cancer, high blood pressure, heart disease, stroke, or mental illness?” = Yes
Sample app. page 5 (A12UND), script questions 769 to 775	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when applicant response to “Has your weight changed in the last 12 months?” = Yes
Sample app. page 2 (A12UND), script questions 796 to 802	Detailed questions asked as written in the script	Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery? : *No* Was your first episode of angina within the last 6 months or have you been hospitalized for angina in the last 6 months? : *No* How old were you when you had your first episode of angina? : *61* Did your angina only occur during rest? : *Yes* When did you last experience angina? : *8 months ago*	Applicant response, text values	Displays when any previous applicant response includes “Angina”
(A12UND), script questions 804 to 808	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Gastrointestinal Bleeding”
(A12UND), script questions 810 to 813	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Gastritis”
(A12UND), script questions 815 to 819	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Jaundice”
(A12UND), script questions 821, 822	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Pneumonia”
(A12UND), script questions 824	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Acute Bronchitis”

(A12UND), script questions 826 to 830	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Hoarseness”
(A12UND), script questions 832 to 834	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Tuberculosis”
(A12UND), script questions 836 to 838	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Cough”
(A12UND), script question 840	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Upper Respiratory Tract Infection”
(A12UND), script question 842	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Psychotic Disorders”
(A12UND), script question 844	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Basal Cell Carcinoma”
(A12UND), script questions 846 to 848	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Squamous Cell”
(A12UND), script questions 850, 851	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Malignant Melanoma”
(A12UND), script questions 853, 854	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Lymphoma”
(A12UND), script questions 856, 857	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Leukemia”
(A12UND), script questions 859 to 865	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Tumor”
(A12UND), script questions 867 to 875	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Cyst”
(A12UND), script questions 877 to 882	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Polyp”
(A12UND), script	Detailed questions asked as	Not Present	Applicant response, text values	Displays when any previous

questions 884 to 889	written in the script			applicant response includes “Anemia”
(A12UND), script questions 891 to 910	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Thyroid”
(A12UND), script questions 912 to 914	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Migraines”
(A12UND), script questions 916 to 919	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Tremor”
(A12UND), script questions 921, 922	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Neuritis”
(A12UND), script questions 924 to 926	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Back Problems”
(A12UND), script questions 928 to 930	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Disc Problems”
(A12UND), script questions 932 to 938	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Inflammatory Bowel Disease”
(A12UND), script questions 940 to 946	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Ulcerative Colitis”
(A12UND), script questions 948, 949	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Electrocardiogram”
(A12UND), script questions 951, 952	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Echocardiogram”
(A12UND), script questions 954, 955	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Blood Test”
(A12UND), script questions 957 to 961	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Abnormal Urine Test”
(A12UND), script questions 963 to 967	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Liver Function Tests”

(A12UND), script questions 969 to 971	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “X-Ray”
(A12UND), script questions 973 to 975	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Proteinuria”
(A12UND), script questions 977 to 982	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Abnormal Smear”
(A12UND), script questions 984 to 987	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Blood in Urine”
(A12UND), script questions 989 to 991	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Medical Test”
(A12UND), script questions 993, 994	Detailed questions asked as written in the script	Not Present	Applicant response, text values	Displays when any previous applicant response includes “Blood Sugar/HbA1c Test”

PACIFIC LIFE INSURANCE COMPANY
Life Insurance Division
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com

PACIFIC LIFE

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

Policy Number AT12374560

PROPOSED INSURED

John — First Name
_____ — MI
Doe — Last Name
☒ Male ☐ Female

123 Any Street Houston, TX 70000 — Residence Address

07/15/1947 — Date of Birth
TX — Place of Birth (State/Country)
555-55-5555 — SSN
T1234567 — Driver's License #
TX — State

Current Employment Status: ☒ Currently Employed/Self Employed ☐ Homemaker ☐ Retired ☐ Student ☐ Unemployed

Display when "Currently Employed/Self Employed" is selected:

Currently Employed/Self Employed:

Engineer — Occupation
Bridge Design — Duties

Acme Design — Company/Employer Name

123 Main St. Houston, TX 70001 — Work Address
10 years — How long

$100,000 — Total Annual Earned Income

Display when Current Empl Status = Unemployed or Retired and Total Annual Earned Income > 0:

Main Source Of Earned Income

$ _____ — Total Annual Unearned Income

Display when Total Annual Unearned Income > 0:

Source Of Other Unearned Income

$200,000 — Net Worth ☒ Individual ☐ Joint

Are you married or in a legally recognized civil union or domestic partnership? [Yes]

Display when married or in a legally recognized civil union or domestic partnership = Yes:

If **YES:** Amount of life insurance in force on your spouse/partner $ 50,000

Are you a U.S. Citizen? [Yes]

Display when citizen = No:

If **NO:** Do you have Permanent Resident Status in the U.S.? [Yes/No]

Display when Permanent Resident status = Yes:

If **YES:** What is your Permanent Resident Card Number? _____
How long have you lived in the U.S.? _____

Display when Permanent Resident status = No:

If **NO:** What is your Country of Citizenship? _____
How long have you lived in the U.S.? _____ What type of Visa do you hold? _____

PRIMARY POLICYOWNER

Who will own the policy? ☒ Proposed Insured ☐ Other Individual ☐ Trust ☐ Business

Display when "Who will own the policy = Other Individual or Business:

Name _____ Relationship to Proposed Insured _____ SSN/TIN _____

Date of Birth _____ Address _____

Display when Who will own the policy = Trust:

Name of Trust _____ Date of Trust _____ TIN _____

Address _____

The trust is: ☐ Revocable ☐ Irrevocable ☐ Unknown In what state was the trust established? _____

Who is the grantor? ☐ Insured ☐ Spouse ☐ Other _____ Relationship: _____

Trustee Name(s):	**Relationship to Proposed Insured:**	**Is Trustee a life insurance professional?**
		[Yes/No]
		[Yes/No]
		[Yes/No]
		[Yes/No]

Which trustee(s) must sign to exercise ownership rights?

☐ All must sign ☐ Any trustee may sign alone

☐ Majority of trustees must sign ☐ Specific trustee _____

Display when Specific trustee is checked:

Who is the beneficiary(ies) of the trust?

☐ Spouse ☐ Children ☐ Charity ☐ Other _____

Was the trust established for a business? [Yes/No]

Did an attorney prepare the trust document? [Yes/No] If **YES**: Name of Attorney _____

If **NO:** How was the trust prepared? _____

Display when additional policyowner is named:

ADDITIONAL POLICYOWNER

(If more than one individual is named as policyowner, they will own policy as joint tenants with rights of survivorship.)

Name _____ Relationship to Proposed Insured _____

Address _____

SSN/TIN _____ Date of Birth _____

Display when additional policyowner is named:

ADDITIONAL POLICYOWNER

(If more than one individual is named as policyowner, they will own policy as joint tenants with rights of survivorship.)

Name _____ Relationship to Proposed Insured _____

Address _____

SSN/TIN _____ Date of Birth _____

Display when additional policyowner is named

Additional Policyowner

(If more than one individual is named as policyowner, they will own policy as joint tenants with rights of survivorship.)

Name _____ Relationship to Proposed Insured _____

Address _____

SSN/TIN _____ Date of Birth _____

Primary Beneficiary

Name	% of Proceeds	Relationship to Proposed Insured	Date of Trust
Jane Doe	100%	Spouse	

Display when more than one Primary Beneficiary is named

Display when Contingent Beneficiary is named

Contingent Beneficiary

Name	% of Proceeds	Relationship to Proposed Insured	Date of Trust

Term Life Insurance Policy Information

PRIME2 Term 20
Product Name

$200,000
Face Amount

Optional Benefits

☒ Waiver of Premium

☒ Accelerated Death Benefit Rider for Terminal Illness

☐ _____ $ _____

☐ _____ $ _____

☐ _____ $ _____

Display when Accelerated Death Benefit Rider for Terminal Rider is declined:

I decline the Accelerated Death Benefit Rider for Terminal Illness and I understand the benefit cannot be requested at a later time.

Policy Dating

How should this policy be dated?

☒ Current Date

☐ Date to Save Age

☐ Specific Date [_____] ← Display when Specific Date is checked

Display when Date to Save Age is checked or Specific Date is < current date:

[By requesting a backdated policy, all parties understand that premium will be applied as if coverage began on the Policy Date.]

Payment Method

Billing Method: ☒ Direct

☐ Electronic Funds Transfer (EFT)

Mode: ☐ Monthly (EFT only) ☐ Quarterly ☐ Semi-Annual ☐ Annual

Who will pay for the policy?

☒ Proposed Insured ☐ Primary Policyowner ☐ Other

Display when Other is checked:

Name of Payor _____ Relationship to Proposed Insured _____

Address _____

What is the source of the premium payments?

☒ Earned Income ☐ Unearned Income ☐ Savings ☐ Gift ☐ Inheritance

☐ Business Income ☐ Trust ☐ Premium Financing ☐ Other Loan

☐ Other [_____]

Other Life Insurance: In Force, Pending, And Replacement Information

1A. Does the Proposed Insured have any existing life insurance or annuities? [Yes]

B. By applying for this life insurance policy, does the Proposed Insured intend to replace, withdraw money from, take a loan from, or allow a policy to lapse, or make any other change to any existing life insurance policy or annuities? [No]

Display when question 1A or 1B = Yes:

C. Provide details for any **existing** life insurance or annuity, including any with PLIC:

Policy/ Contract #	Company	Face Amt/ Contract Value	Issue Year	Product	Type	Purpose	Replace	1035 Exch	MEC	Existing Loan	New Loan to PLIC*
0000000000	Mutual of Omaha	$500,000	2011	Life	Individual	Personal	No	No	No	Yes	No

[If MEC = YES or UNK, then display:][Under federal tax rules, if any policy is received in exchange for a Modified Endowment Contract (MEC), the new policy will also be a MEC. This rule applies whether or not the policies are issued by the same insurance company.]

*If you are replacing a life insurance policy that has an existing loan, indicate whether you want the new PLIC policy to have a loan of equal value.

2. Does the proposed insured have any application currently **pending,** or have **plans to apply** for new life insurance with any other company(ies)? [No]_____

Company	Face Amount	Purpose
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____

Notation: In the future, we will modify our systems to collect this information at the policy level, rather than aggregate level and move this question to the chart above and remove the details field.

3. Do you plan to purchase any policy in the chart above in addition to the PLIC policy being applied for? [Yes/No]

Display when question 3 = Yes:

Details _____

[4.]What is the total amount of insurance coverage the proposed insured will have, considering this policy, other coverage in force, any additional coverage to be purchased, minus any policies to be replaced.

$_____

Applicant/Policyowner Representations Of Insurable Interest

As the Applicant and/or Policyowner, I represent that the Policyowner and Beneficiary have an insurable interest in the life of the Proposed Insured(s). (Applicable except where the Proposed Insured is both Applicant and Policyowner.)

Certification Of Policyowner's Taxpayer Identification Number

Under penalties of perjury, I, the policyowner, certify that:

1. **The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and**
2. **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
3. **I am a U.S. citizen or other U.S. person (defined in the instructions in item 3 of the Certification on the official IRS Form W-9).**

Note: ☐ You must check here if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Tax Reporting On Distributions To Foreign Nationals

While Pacific Life Insurance Company (PLIC) may provide tax information to various United States federal and state agencies regarding certain life insurance or annuity activity, PLIC does not as a matter of course provide such information to any foreign governmental agencies and does not anticipate doing so at this time. Nonetheless, PLIC's tax reporting does not in any way affect the obligations that its policyowners may have with respect to such foreign governmental agencies or under foreign law. PLIC does not provide tax or legal advice, and nothing contained herein should be construed as such.

Modified Endowment Contract (MEC) Status

[Displays when policy is illustrated as a MEC in current or future years; or when OLI section, MEC = Yes or Unknown.

The policy is expected to be or become a Modified Endowment Contract. Regarding Distributions:

- Distributions from the policy, including those taken during the two years prior to the policy becoming a MEC, can result in earlier income taxation.
- Distributions include (but may not be limited to) pre-death disbursements such as withdrawals, policy loans (including interest not paid when due), surrenders, and cash dividends, and also transfers of ownership and assignment of policy values.
- The taxable portion of any Distribution taken before age 59 ½ may be subject to a 10% penalty by the IRS. This 10% penalty always applies if the MEC owner is not treated as a natural person for tax purposes; e.g. is a corporation or trust.
- For purposes of determining the taxable portion of Distributions, federal tax law provides that all MECs issued by the same insurance company to the same Policyowner during any calendar year shall be treated as one MEC.
- PLIC will report income relating to such Distributions to the IRS as required by federal law and regulations.

Additional Information:

- Once a policy becomes a MEC that status cannot change. Any policy received in exchange for a MEC policy will also be considered a MEC.
- For specific questions regarding the taxation of your MEC policy, please consult your tax advisor.

INITIAL HERE ☐ **By initialing here, the Policyowner confirms their understanding that the policy to be issued is now or will become a MEC at or after issue, and accepts MEC status for the policy.**

Trust Owned Policies

[Displays when Who will own policy = Trust]

The Trustee(s) declare and represent to PLIC that the trust information provided is truthful, accurate and complete and also certify that:

- Beneficial interests under the Trust can and will only be established for persons who (i) are related to the Insured(s) by blood or by law, (ii) have a substantial interest in the Insured(s) engendered by love and affection, or (iii) hold a lawful and substantial economic interest in the continued life of the Insured(s).
- The Trustee(s) has/have the authority, either by the terms of the trust or applicable state law, to own and purchase life insurance on the life of the Insured(s), and has the authority to exercise any and all rights associated with owning life insurance policies including but not limited to the right to surrender the policy, withdraw policy values, borrow against the policy values, assign the policy, transfer ownership, and/or change the beneficiary.

Proposed Insured's Consent For Employer Owned Insurance (Applicable only if the employer or employer-controlled trust is to be the policyowner)

[Displays when Who will own policy = Business, or Was trust established for a business = Yes]

As the Proposed Insured, I acknowledge and understand that (i) my employer (the "Employer"), or a trust established by my employer (the "Trust"), is involved in this Application for Life Insurance insuring my life ("Life Insurance Coverage"), (ii) the Employer or the Trust will have an interest as policyowner and/or beneficiary of the Life Insurance Coverage as reflected in this Application, and (iii) both I and my heirs may have no right or interest in or to the Life Insurance Coverage and its proceeds.

I (i) consent to the issuance of the Life Insurance Coverage as requested in this Application; (ii) acknowledge that the Life Insurance Coverage may continue after the termination of my employment with the Employer; (iii) acknowledge that my Employer has notified me in writing of the maximum life insurance face amount for which my Employer may seek Life Insurance Coverage insuring my life; and (iv) acknowledge that PLIC will not necessarily issue a policy at this maximum life insurance face amount.

My consent to this insurance has not been obtained by coercion of my Employer or its representatives or agents, whether express or implied. By signing this application, I am consenting to the Employer's and/or Trust's future face amount increases with respect to the policy issued in connection with this consent. However, should such face amount increases result in a face amount that exceeds the maximum life insurance face amount described above, my Employer may need to obtain additional written consent from me in order to comply with IRC section 101(j).

Employer Acknowledgment Regarding the Potential Taxation Of Death Benefits

[Displays when Who will own policy = Business, or Was trust established for a business = Yes]

I acknowledge and understand: (i) the potential significance of IRC section 101(j); and (ii) that, if IRC section 101(j) applies, the policy(s) death benefit may be income taxable unless I, as employer, have satisfied the conditions of IRC Section 101(j) and 6039I ; and (iii) that PLIC and its Producers are not authorized to provide tax or legal advice and that I must look to my independent tax and legal advisors for current information regarding this and other laws that may impact me and my life insurance policies.

I understand that it remains the employer's responsibility to ensure both current and ongoing compliance with the requirements of IRC sections 101(j) and 6039I, including appropriate annual IRS filings.

By signing this application, I acknowledge my understanding of this information, and that I have obtained or will obtain from my independent tax and legal advisors whatever advice I deem necessary or appropriate concerning the taxation of my life insurance policies.

Declarations Of All Signing Parties

[1] The answers provided in this application are true and complete to the best of my knowledge and belief. I understand and agree that: Acceptance of a life insurance policy will be ratification of any administrative change with respect to such policy made by PLIC as indicated under the title Endorsement, where permitted by state law. All other changes made to the application or policy by PLIC will be indicated on an Amendment to Application form that must be signed by all applicable parties, prior to or at the time of delivery of this policy.

[2] If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the Producer, whose name appears in the Producer Certification section, the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

[3] Except as provided in the terms or conditions of any Temporary Insurance Agreement (TIA) that I may have received in connection with this application, coverage will take effect when the policy is delivered and the entire first premium is paid only if at that time each Proposed Insured is alive, and all answers in this application that are material to the risk are still true and complete.

[4] If I have given money with the application and received a TIA and if the coverage amount of the application exceeds the TIA coverage limits, I understand that if the Proposed Insured(s) die(s) before a policy is delivered, the death benefit will be limited to the TIA coverage limit.

[5] I must inform the Producer or Pacific Life Insurance Company in writing of any changes in the health of any Proposed Insured(s) or if any of the statements or answers on this application change prior to delivery of the policy.

[6] My statements and answers in this application must continue to be true as of the date I receive the policy.

[7] No Producer is authorized to make or change contracts or insurance policies on the behalf of PLIC and no Producer may alter the terms of this application, the TIA, or the policy, nor does the Producer have the authority to waive any of PLIC's rights or requirements.

[8] I understand that PLIC is not authorized to engage in any activity in non-U.S. jurisdictions, and I will perform all parts of the application, underwriting and delivery associated with this policy in a U.S. jurisdiction.

[9] No representation is made that, based on information provided in the application, a particular premium rate, risk category or class will be offered to me. I will review my policy and ask the Producer or the Company about the specific premium and risk class referenced in my policy.

[10] The policy(ies) as applied for in this application will meet my insurance needs and financial objectives based in part upon my age, income, net worth, tax and family status, and any existing insurance policies I own.

[11] I understand that only the Producer signing this application is responsible for ensuring that the policy meets my insurance needs and financial objectives, regardless of whether a PLIC employee attended any meetings to discuss the policy.

[12] I acknowledge having received, at or prior to the time of application, an illustration (if applying for a permanent product) or a quote (if applying for a term product) that matches the policy as issued.

[13] For purposes of this application, the proposed insured is considered the applicant, unless a policyowner is also indicated. In such case, the policyowner is considered the applicant.

[14] This application will be attached to and made part of the policy.

[Display when Who will own policy = Business, or Was trust established for a business = Yes]:

[15] [If insurance is being applied for on the life of any non-exempt employee, then such insurance is not prohibited by applicable state law.]

Displays when Product = IUL

[16] [If this application is for a product with an equity indexed feature, I ACKNOWLEDGE that: I am applying for a product with an equity indexed feature, for which the crediting for the indexed account tracks the gains and the losses of an outside financial index, subject to a growth cap and floor. I further understand that, while the values of the policy may be determined in part, by reference to an external index, the equity indexed feature does not directly participate in any stock or equity investments and values shown to me, other than the minimum values, are not guarantees, promises, or warranties.]

SIGNATURES

INITIAL HERE | JD | By initialing here, the Policyowner confirms they received the Life Insurance Buyer's Guide and if applicable, accelerated death benefit disclosures.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and to make the statement that may be shown. You further represent that all requirements of those entities, including the use of any seal (in the case of a corporation) and any authorized signatures (in the case of a Corporation and/or Trust have been met.)

If Proposed Insured or Policyowner is a minor, a signature of parent/guardian is required in place of the minor's signature.

SIGNED BY APPLICANT IN:

City	State
Houston	TX

APPLICANT SIGNED AND DATED ON:

Date (mm/dd/yyyy)
07/20/2012

SIGN HERE John Doe

X

Proposed Insured's Signature

Display when Policyowner is other than Insured:

SIGN HERE

X

Policyowner's Signature, if other than Proposed Insured

Display if multiple policyowners are listed in "Additional Policyowner" section(s):

SIGN HERE

X

Additional Policyowner's Signature

SIGN HERE

X

Additional Policyowner's Signature

SIGN HERE

X

Additional Policyowner's Signature

Display when Owner = Trust or Business:

Full Name and Title: First MI Last (print)

Full Name and Title: First MI Last (print)

Full Name and Title: First MI Last (print)

Full Name and Title: First MI Last (print)

PRODUCER'S CERTIFICATION

1. Does the Proposed Insured have any existing life insurance or annuities? [Yes/No]
2. Do you know or have any reason to believe that a replacement of life insurance or annuity is involved? [Yes/No]

I have discussed the appropriateness of any replacement and have followed applicable state laws, Pacific Life Insurance Company's (PLIC) written replacement guidelines and if applicable, I have complied with the replacement requirements of my broker-dealer. If replacing a variable life or annuity contract, I also certify that I have the appropriate variable state licenses.

I understand that PLIC is not authorized to engage in any activity in non-U.S. jurisdictions, and I will perform all parts of the application, underwriting and delivery associated with this policy in a U.S. jurisdiction.

I have reviewed the application and all related forms with the Insured and Policyowner(s), and have determined that its proposed purchase meets the applicant's insurance needs and financial objectives and is suitable as required under law, based in part upon information provided by the applicant, policyowner, and proposed insured, as applicable, including age, income, net worth, tax and family status, and any existing insurance program.

SIGN HERE

X John Producer

Soliciting Producer's Signature

Soliciting Producer's Name: First MI Last (print)

John Producer

PACIFIC LIFE INSURANCE COMPANY
Life Insurance Division
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com

UNDERWRITING SUPPLEMENT TO APPLICATION

Policy Number AT12374560

John Doe
Proposed Insured's Name

07/15/1947
Date of Birth

ACTIVITIES & LIFESTYLE HISTORY

Within the next 2 years, do you plan to:

Travel outside the U.S.? No

[If Yes to above, reflexive questions and responses display here.]

Reside outside the U.S.? No

[If Yes to above, reflexive questions and responses display here.]

In the last 2 years or within the next 2 years, which of the following activities have you or will you participate in?

☐ None	☒ Skydiving	☐ Parachute Jumping	☐ Hang Gliding	☐ Parasailing
☐ Hot Air Ballooning	☐ Ultralight Flying	☐ Paragliding	☒ Bungee Jumping	☐ Base Jumping
☐ Scuba Diving	☐ Mountain Climbing	☐ Ice Climbing	☐ Automobile Racing	☐ Motorcycle Racing
☐ Motorboat Racing	☐ Boxing	☐ Mixed Martial Arts		

[If any activity from the list above is checked, the corresponding reflexive question(s) will display. The sample below demonstrates how reflexive questions display]:

Skydiving:

Do you intend to participate in this activity in the next 2 years? Yes

Do you participate in skydiving on a professional level? Yes

Are you a member of a skydiving club? Yes

How many jumps do you do per year? 8

[Sample below demonstrates how reflexive "free text" questions display]:

Bungee Jumping:

Do you intend to participate in this activity in the next 2 years? Yes

Provide all details regarding this activity, including locations, type, frequency, hours, and any other pertinent details.

Planning trip to Calgary next year and taking bungee jump excursion which includes a couple of jumps from a bridge, harnessed at the ankles.

In the last 2 years or within the next 2 years, do you plan to fly or have you flown, as a pilot, student pilot, or crewmember? No

[If Yes to above, reflexive questions and responses display here.]

Do you work at least 30 hours per week outside the home? No

[If Yes to above, reflexive questions and responses display here.]

Have your job duties been restricted in any way in the last 6 months due to illness or injury? No

[If Yes to above, reflexive questions and responses display here.]

Are you now a member, or have you entered into a written agreement to become a member of the U.S. Armed Forces, National Guard, or Reserves? No

[If Yes to above, reflexive questions and responses display here.]

In the last 5 years, have you filed for bankruptcy? No

[If Yes to above, reflexive questions and responses display here.]

In the last 5 years, have you had a driver's license restricted or revoked or been convicted of moving violations? No

[If Yes to above, reflexive questions and responses display here.]

Have you ever been convicted of a felony, or do you have felony charges pending against you now? No

[If Yes to above, reflexive questions and responses display here.]

Other Insurance

In the last 6 months, have you applied for any other life insurance?	No
[If Yes to above, reflexive questions and responses display here.]	
Have you ever been declined, postponed or charged an additional premium for life, health, long-term care, or disability insurance?	No
[If Yes to above, reflexive questions and responses display here.]	
In the last 12 months, have you received any disability, chronic illness, long-term care, or accident related medical benefits?	No
[If Yes to above, reflexive questions and responses display here.]	

Tobacco Use

Have you ever used tobacco or products containing nicotine in any form?	No
[If Yes to above, reflexive questions and responses display here.]	

Health History

Have you ever been diagnosed, treated, or been given medical advice by a member of the medical profession for any of the following conditions:

[Samples below demonstrate how reflexive questions and responses will display in Health History section]:

High Blood Pressure or Coronary Artery Disease?	Yes
High Blood Pressure?	Yes
Have you been hospitalized for your blood pressure in the last 2 years?	No
Are you taking medication for your blood pressure?	Yes
How many different medications do you take for your blood pressure?	2
Do you know what your most recent blood pressure was?	Yes
What was your most recent blood pressure reading?	135/86
Coronary Artery Disease?	Yes
Within the past 6 months, have you been hospitalized or undergone surgery for this condition?	No
How old were you when this condition was diagnosed?	55
Have you ever had surgery for this condition?	Yes
How many surgeries have you had for this condition?	1
Have you had a heart attack since your surgery?	No
Have you been diagnosed or treated for any of the following in the past 6 months: chest pain, shortness of breath, or irregular heart beat?	No
Have you been told you have a heart valve disorder?	Yes
Any other disorder or disease of the heart?	Yes
Chest Pain?	No
Heart Attack?	No
Heart Failure?	No
Heart Murmur?	No
Rheumatic Fever?	No
Another disorder or disease of the heart?	Yes

[Sample below demonstrates how a medical condition declared by the proposed insured (e.g., condition is not specifically asked in script) displays]:

Angina:	
Are you awaiting any of the following for this condition: medical tests or investigations, test results or referral to hospital or surgery?	No
Was your first episode of angina within the last 6 months or have you been hospitalized for angina in the last 6 months?	No
How old were you when you had your first episode of angina?	61
Did your angina only occur during rest?	Yes
When did you last experience angina?	8 months ago

Any disorder or disease of the arteries or veins? No
- Carotid Artery Disease? No
- Aneurysm? No
- Another disorder or disease of the arteries or veins? No

High Cholesterol? No

[If Yes to above, "What is the specific condition?" is asked and appropriate medical condition and reflexive questions display.]

Any disorder or disease of the stomach, intestines, gallbladder, or other abdominal organs? No
- Ulcer? No
- GERD? No
- Diverticulitis? No
- Colitis? No
- Crohn's Disease? No
- Another disorder or disease of the gastrointestinal system? No

Hepatitis, cirrhosis, or any other disorder or disease of the liver? No
- Hepatitis? No
- Cirrhosis? No
- Another disorder or disease of the liver? No

Diabetes, Glucose Intolerance or High Blood Sugar? No
- Diabetes? No
- Glucose Intolerance? No
- High Blood Sugar? No

Pancreatitis or any other disorder or disease of the pancreas? No
- Pancreatitis? No
- Another disorder or disease of the pancreas? No

Any disorder or disease of the kidneys or bladder? No
- Kidney Failure? No
- Kidney Stones? No
- Bladder Stones? No
- Recurrent Infections? No
  - Kidney Infection? No
  - Bladder Infection? No
- Another disorder or disease of the kidneys or bladder? No

Asthma, COPD, Emphysema, or Sleep Apnea? No
- Asthma? No
- COPD? No
- Emphysema? No
- Sleep Apnea? No

Any other disorder or disease of the respiratory system? No

[If Yes to above, "What is the specific condition?" is asked and appropriate medical condition and reflexive questions display.]

Any disorder or disease of the breast, prostate, or reproductive organs? No

[If Yes to above, "What is the specific condition?" is asked and appropriate medical condition and reflexive questions display.]

Anxiety, Depression, or Bi-Polar Disorder? No
- Anxiety? No
- Depression? No
- Bi-Polar Disorder? No

Any other psychiatric or mental health disorder or disease? No

[If Yes to above, "What is the specific condition?" is asked and appropriate medical condition and reflexive questions display.]

Any form of cancer, tumor, cyst, or polyp? No

[If Yes to above, "What is the specific condition?" is asked and appropriate medical condition and reflexive questions display.]

Any disorder or disease of the blood, skin, thyroid, lymph, or other glands? No

[If Yes to above, "What is the specific condition?" is asked and appropriate medical condition and reflexive questions display.]

Stroke, mini-stroke, or TIA? No

[If Yes to above, "What is the specific condition?" is asked and appropriate medical condition and reflexive questions display.]

Epilepsy, Seizure or Convulsion? No

[If Yes to above, "What is the specific condition?" is asked and appropriate medical condition and reflexive questions display.]

Any other disorder or disease of the brain or nervous system? No

- Have you had headaches, fainting, concussion, or dizziness? No
  - Headaches? No
  - Fainting? No
  - Concussion? No
  - Dizziness? No
- Have you been diagnosed or treated for memory loss, Alzheimer's disease, or dementia? No
  - Memory Loss? No
  - Alzheimer's Disease? No
  - Dementia? No
- Have you been diagnosed or treated for multiple sclerosis, Parkinson's disease, Huntington's disease, or Lou Gehrig's disease (ALS)? No
  - Multiple Sclerosis? No
  - Parkinson's Disease? No
  - Huntington's Disease? No
  - Lou Gehrig's Disease (ALS)? No
- Another disorder or disease of the brain or nervous system? No

Any disorder or disease of the eyes, ears, nose, or throat? No

- Glaucoma? No
- Retinopathy? No
- Macular Degeneration? No
- Blindness? No
- Another disorder or disease of the eyes, ears, nose, or throat? No

Any disorder or disease of the muscles or bones, including the spine, back or joints? No

- Arthritis? No
- Gout? No
- Broken Bones? No
- Sciatica? No
- Cerebral Palsy? No
- Myasthenia Gravis? No
- Muscular Dystrophy? No
- Osteomyelitis? No
- Post-Polio Syndrome? No
- Paralysis? No
- Another disorder or disease of the muscular or skeletal system? No

Lupus, scleroderma, or any other connective tissue disorder or disease? No

- Lupus? No
- Scleroderma? No
- Another connective tissue disorder or disease? No

Any disorders or diseases of the immune system, except those related to the Human Immunodeficiency Virus (AIDS virus)? No

[If Yes to above, "What is the specific condition?" is asked and appropriate medical condition and reflexive questions display.]

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)? No

[If Yes to above, reflexive questions and responses display here.]

Other than when prescribed by a member of the medical profession, have you ever taken tranquilizers, sedatives, narcotics, or any prescription drug? No

[If Yes to above, reflexive questions and responses display here.]

Have you ever used marijuana, cocaine, heroin, barbiturates, amphetamines, hallucinogens, or other habit-forming drugs, except as prescribed by a member of the medical profession? No

[If Yes to above, reflexive questions and responses display here.]

In the last 5 years, have you had medical treatment or counseling for the use of alcohol or drugs? No

[If Yes to above, reflexive questions and responses display here.]

In the last 5 years, other than previously mentioned, have you participated in a support group because of alcohol or drug use? No

[If Yes to above, reflexive questions and responses display here.]

Other than any you previously mentioned, in the last 5 years, have you been advised by a member of the medical profession that you have had an abnormal medical test, including a blood test, urine test, EKG, echocardiogram, or other test, except those related to the Human Immunodeficiency Virus (AIDS virus)? No

[If Yes to above, reflexive questions and responses display here.]

Other than any you previously mentioned, in the last 5 years, have you had any diagnostic medical tests/procedures, except those related to the Human Immunodeficiency Virus (AIDS virus)? No

[If Yes to above, reflexive questions and responses display here.]

Other than any you previously mentioned, have you had any check-up, consultation, illness, confinement to medical facility, or surgery? No

[If Yes to above, reflexive questions and responses display here.]

Have you been advised to have a consultation, diagnostic test, surgery, or confinement to medical facility that has not yet been completed, except those related to the Human Immunodeficiency Virus (AIDS virus)? No

[If Yes to above, reflexive questions and responses display here.]

Have either of your parents or any of your brothers or sisters died prior to age 60 due to cancer, high blood pressure, heart disease, stroke, or mental illness? No

[If Yes to above, reflexive questions and responses display here.]

Height (ft/in) 6 ft 1 in Weight (lbs) 170 lbs

Has your weight changed in the last 12 months? No

Physician Information

Dr. David Miller
Name

123 Main Street
Address

Houston	TX	99999	(999) 999-9999
City	State	Zip Code	Telephone Number

01/2012
Date of Last Visit

Did you see them only for school, employment or insurance physicals, routine normal OB/GYN exams, routine care for cold, flu or allergies or minor accidental injuries? No

Physician Summary

Physician's Name	Date Last Seen	Reason Consulted:
Dr. Mark Franklin	08/2010	Angina
Dr. Mary Jones	01/2009	Coronary Artery Disease

Signatures

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The answers provided in this supplement and any additional details provided are true and complete to the best of my knowledge and belief. I understand and agree that this supplement will be attached to and made part of the policy.

SIGNED IN:

City	State
Houston	TX

DATED ON:

Date (mm/dd/yyyy)
7/20/2012

X *John Doe*

Proposed Insured's Signature

PACIFIC LIFE INSURANCE COMPANY
Life Insurance Division
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com

AUTHORIZATION TO OBTAIN INFORMATION

This authorization complies with HIPAA Privacy Rules.

PROPOSED INSURED

Proposed Insured's Name: First	MI	Last	Date of Birth (mm/dd/yyyy)
Proposed Additional Insured's Name: First	MI	Last (if applicable)	Date of Birth (mm/dd/yyyy)

I authorize any physician, health care professional, medical practitioner, other health care provider, hospital, clinic, laboratory, pharmacy, medical facility, pharmacy benefit manager, information database manager, other medical or medically related facility, insurance company, health plan, MIB, Inc., consumer reporting agency, state motor vehicle agency, or employer to release to **Pacific Life Insurance Company (PLIC)** its subsidiaries, reinsurers, employees and representatives, any protected health information (PHI) they may have in their possession or under their control as to the diagnosis, treatment, prognosis of any physical or mental condition, human immunodeficiency virus (HIV) infection, sexually transmitted diseases, treatment of mental illness, and the use of tobacco; and any non-medical information, including finances, avocations, occupation, foreign travel, and driving record for me and any minor children who are to be insured. Although Federal Regulation protects information related to drug or alcohol abuse from disclosure, I give permission to collect this information. I authorize PLIC, or its reinsurers, to make a brief report of my PHI to MIB, Inc. This authorization is not affected or limited by any prior agreements I may have made with any of the above persons or entities to restrict the release of such information, and I instruct them to release and disclose all such information without restriction.

I understand that the reason for releasing such information under this authorization is to determine eligibility for insurance, and that such information will not be released to any person or organization except: a reinsurer, MIB, Inc., business associates, or other persons or organizations performing business or legal services in connection with my application; or as may be otherwise required by law, or as I may further authorize. I understand that I may revoke this authorization at any time by sending a written revocation request to Pacific Life Insurance Company at: P. O. Box 2030, Omaha, NE 68103-2030. Such a revocation will not affect any action taken or information released prior to the revocation, and will not affect any legal right PLIC has to contest an insurance policy/certificate, or to contest a claim under an insurance policy/certificate. I understand that if I revoke or refuse to sign this authorization, PLIC may not be able to process my application, and may not be able to make any benefit payments due under any existing policy, certificate, or other binding agreement.

This authorization shall remain in force for 24 months after the date of my signature below, and a copy of this authorization is as valid as the original. I understand that once any such health-related information is released pursuant to this authorization, that information may be redisclosed and will no longer be covered or protected by the HIPAA rules governing privacy and confidentiality of health information, but such information may be covered or protected from such redisclosure under other federal or state privacy laws.

SIGNATURES

I acknowledge that I have received the disclosure notice and a copy of this authorization.

Signed and Dated by the Insured(s) in: _____ _____ _____

City **State** **Date** (mm/dd/yyyy)

SIGN HERE **X** _____

Proposed Insured's Signature (or parent/guardian if a minor)

SIGN HERE **X** _____

Proposed Additional Insured's Signature (or parent/guardian if a minor)

PACIFIC LIFE INSURANCE COMPANY
Life Insurance Division
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com

TELE-APP TICKET FOR TERM

Request for evaluation of probable underwriting class. It is not a life insurance application.

1A. Proposed Insured Name: First MI Last ☐ Male ☐ Female

C. Residence Address: Street City State Zip Code

D. Place of Birth (State/Country) | E. Date of Birth (mm/dd/yyyy) | F. SSN

G. Driver's License # & State | H. Telephone # where Proposed Insured can be reached:
Primary Number _____ Alternate Number_____

2A. Policyowner Name (if other than Proposed Insured) | B. Date of Birth | C. SSN/TIN | D. Relationship to Proposed Insured

E. Residence Address: Street City State Zip Code

F.Primary Beneficiary Name | G. % Share | H. Relationship to Proposed Insured

I. Additional Beneficiary Name | J. % Share | K. Relationship to Proposed Insured

L. Policyowner/Applicant will sign the application in the state of:_____ (state).

3A. Product Name: | B. Face Amount (or Initial Monthly Benefit Amount for Pacific Income Term) $_____

C. Additional Benefits: ☐ Premium Waiver

D. Billing Mode: ☐ Monthly EFT ☐ Annual ☐ Semi-Annual ☐ Quarterly

4A. Are there any existing, pending or plans to apply for life insurance or annuity on the Proposed Insured? ☐ No ☐ Yes

B. If a purchase decision is made, will the Pacific Life Insurance Company policy applied for replace, cause a change in, or involve a cash withdrawal or loan from or lapse of any life insurance policy or annuity on any Proposed Insured's life?
☐ No ☐ Yes

(If any Yes answers, complete the Tele-App In Force, Pending and Replacement Information form.)

5. Does the proposed insured currently smoke cigarettes? ☐ No ☐ Yes

6. Is an initial premium and Temporary Insurance Agreement (TIA) submitted with this Request? ☐ No ☐ Yes Amount Submitted $_____

REMARKS (Use an additional sheet of paper, if necessary.)

PRODUCER'S CERTIFICATION & SIGNATURE

- I have provided the disclosure notice(s), Preparing For Your Telephone Interview and copies of all forms to the Proposed Insured.
- I certify that I have accurately recorded the information provided to me by the Proposed Insured.

SIGN HERE

X

Producer's Signature

Date (mm/dd/yyyy)

Producer's Name (Print)

DATE STAMP (For Internal Use Only)