

(Toll-free)

Agent Name: Tom Buonanduci (ABS LLC) Agent Phone Number: 877-842-1546

Personal Health History Interview Applicant Instructions

Thank you for your interest in our individual medical insurance. In addition to the Part 1 you completed with your agent, this Personal Health History Interview (PHHI) will help us determine eligibility for health insurance. One of our underwriting representatives will conduct your interview.

Just follow these steps for a quick and accurate interview:

- Choose one adult person who's applying for coverage to contact Assurant Health.
- This series of questions will help you prepare for your PHHI.
Be prepared to answer the following questions for all applicants. If you answer "yes" to any of these questions be prepared to provide: Date the condition began, name and address of treating physician, type and date of treatment received.
 - Had surgery in a hospital or outpatient facility?
 - Had medical treatment in a hospital or outpatient facility other than already disclosed?
 - Had any urgent care or emergency room visits other than already disclosed?
 - Received treatment, testing, consulted with or received a diagnosis from a physician or healthcare provider other than already disclosed? Do NOT include annual physical exams.
 - Had any testing with abnormal findings or tests for which you have not received results other than already disclosed?
 - Been recommended or scheduled for diagnostic testing, consultations, treatment, follow-up or surgery that has not been completed?
 - Received or recommended to have any treatment for alcoholism, alcohol or drug abuse or addiction, including but not limited to, counseling or attendance at support groups?
 - Used illegal drugs or prescription medication other than as prescribed or been advised by a physician or health care provider to discontinue or decrease alcohol consumption or drug use?
 - In the last 5 years, have any of the proposed insureds participated in any motorized vehicle racing (includes drivers, pit crew, owners or mechanics) or any of the following activities: skydiving, ultralight flying, scuba diving, hang gliding, rock or mountain climbing or rodeo participation?
 - In the last 5 years, have any of the proposed insureds been cited for operating a motor vehicle under the influence of alcohol or drugs?
 - Has any proposed insured taken or been advised to take any prescription medication in the last 12 months?
 - Has any proposed adult insured used tobacco products in any form or nicotine substitutes within the last year?
 - Has any proposed insured had a diagnosis, treatment or follow-up for cancer in the last 10 years?
 - Is any proposed insured currently pregnant, an expectant parent or in the process of adoption or surrogate pregnancy?
 - Have you fully disclosed all medical conditions for you and your family within the last 5 years?
 - Have any of the proposed insureds been declined, postponed, rescinded, reformed, charged an extra premium or had a portion of coverage excluded for life, disability, or medical insurance?
- Be prepared to provide current height and weight for all applicants.
- Call within 10 days of completing the enrollment form with your agent. This allows the terms of your Conditional Receipt to be honored.
- Allow 15 minutes for the call. Interview time may vary based on the number of proposed applicants and the extent of their medical conditions.
- Dial 888-506-8201 to conduct your interview.
- Your agent will contact you following the interview. Eligible applicants will be asked to attest to the interview information in writing upon receipt of your contract.

Please keep this form for your reference.

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.

**ALTERNATIVE
BENEFIT SOLUTIONS
LIFE & HEALTH SPECIALISTS
P.O. Box 16234, Hooksett, NH 03106**

Eligibility Review

Complete the questions below. If any person to be insured answers yes to any of these questions, the applicant will not be eligible to continue. You can continue the process with other applicants who have not answered yes.

1. Will any person to be insured become eligible for any other form of medical insurance in the next six months? Yes No
2. Does any person to be insured have plans for extended foreign travel? Yes No
3. Is anyone in your household currently pregnant, an expectant parent or in process of adoption or surrogate pregnancy? Yes No
4. Is any person to be insured NOT a U.S. citizen or Lawful Permanent Resident/Green Card Holder or has any person to be insured been in the U. S. less than one year? Yes No
5. Does any person to be insured have or ever had any of the ineligible medical conditions? Yes No
Refer to the Underwriting Field Guide on Find A Form on the Assurant Health Agent Information site at www.assuranthealthsales.com
6. Is any person to be insured employed in an ineligible occupation? Yes No
7. Is any person to be insured over the acceptable height/weight limits in the ineligible build table? Yes No

Unisex Height / Weight - 16 years and over

Height	Max. for Rating	Height	Max. for Rating
4'10"	190	5'10"	277
4'11"	197	5'11"	285
5'0"	203	6'0"	293
5'1"	210	6'1"	301
5'2"	217	6'2"	310
5'3"	224	6'3"	318
5'4"	231	6'4"	327
5'5"	239	6'5"	336
5'6"	246	6'6"	345
5'7"	254	6'7"	354
5'8"	261	6'8"	363
5'9"	269		

Ineligible Occupation List

Applicants recently laid off, temporarily unemployed or between jobs, or on medical disability are not eligible.

- Air traffic controllers
- Armed Forces personnel
- Asbestos/toxic chemical workers
- Divers (professional skin or scuba)
- Explosive workers
- Fishermen/crew
- Off-shore oil workers
- Oil and natural gas workers, including off-shore operations
- Professional auto racers
- Professional athletes including but not limited to: ballet, baseball, basketball, football, wrestling
- Professional crop dusters
- Structural steel workers
- Stunt flyers
- Underground miners
- Unemployed due to disability