ForeCare Annuity Application – Medical Questionnaire

Forethought Life Insurance Company
One Forethought Center
P.O. Box 246
Batesville, IN 47006

Email or fax this completed form and signed HIPAA to forecare@gafg.com or (855) 206-8731

Proposed Insured (First, Middle Initial, Last)			Date of Birth (mm/dd/yyyy)	
Mailing Address			Height	Weight
City	State	Zip	Social Security Number	
Highest Level of Education				

Proposed Insured Health Questions (any questions 1-5 answered 'Yes" will be an automatic decline)

1. **Are you currently hospitalized, confined to a bed, or residing in an Assisted Living Facility?** ☐ **Yes** ☐ **No**

2. **In the last 12 months have you applied for any long term care policy or long term care rider that was declined or postponed?** ☐ **Yes** ☐ **No**

3. **Are you currently using, or in the past 12 months have you used or been medically advised by a Healthcare Professional to use any of the following?**

☐ **Yes**	☐ **No**	Care in a nursing facility	☐ **Yes**	☐ **No**	Motorized Scooter
☐ **Yes**	☐ **No**	Home Health care services	☐ **Yes**	☐ **No**	Hospital bed
☐ **Yes**	☐ **No**	Adult Day Care services	☐ **Yes**	☐ **No**	Stair Lift
☐ **Yes**	☐ **No**	Walker	☐ **Yes**	☐ **No**	Oxygen
☐ **Yes**	☐ **No**	Wheelchair	☐ **Yes**	☐ **No**	Dialysis machine
☐ **Yes**	☐ **No**	Multi-prong cane	☐ **Yes**	☐ **No**	Hospice Care

4. **Do you require assistance or supervision in performing any of the following activities?**

☐ **Yes**	☐ **No**	Taking medication	☐ **Yes**	☐ **No**	Eating
☐ **Yes**	☐ **No**	Bathing	☐ **Yes**	☐ **No**	Toileting
☐ **Yes**	☐ **No**	Dressing	☐ **Yes**	☐ **No**	Managing your bowel or bladder
☐ **Yes**	☐ **No**	Getting in or out of a chair or bed	☐ **Yes**	☐ **No**	Walking

5. **In the last 7 years, have you had, been diagnosed or treated by a Health Care Professional, been prescribed or taken medication for any of the following?**

☐ **Yes**	☐ **No**	Alzheimer's disease or dementia	☐ **Yes**	☐ **No**	Muscular dystrophy
☐ **Yes**	☐ **No**	Recurrent memory loss	☐ **Yes**	☐ **No**	Lou Gehrig's disease (ALS)
☐ **Yes**	☐ **No**	Mild cognitive impairment (MCI)	☐ **Yes**	☐ **No**	Huntington's disease
☐ **Yes**	☐ **No**	Organic brain syndrome	☐ **Yes**	☐ **No**	Hepatitis
☐ **Yes**	☐ **No**	Mental incapacity or retardation	☐ **Yes**	☐ **No**	Cirrhosis
☐ **Yes**	☐ **No**	Multiple sclerosis	☐ **Yes**	☐ **No**	Smoking in conjunction with Emphysema, COPD
☐ **Yes**	☐ **No**	Parkinson's disease			
☐ **Yes**	☐ **No**	Paralysis	☐ **Yes**	☐ **No**	Stroke or Multiple Transient Ischemic Attack (TIA)
☐ **Yes**	☐ **No**	Organ transplant other than cornea or kidney			
☐ **Yes**	☐ **No**	Spinal Stenosis or Chronic Back pain with use of narcotic medication			
☐ **Yes**	☐ **No**	Autoimmune disorder/disease such as Systemic Lupus, Systemic Scleroderma, CREST Syndrome, Connective Tissue disease, Mixed Connective Tissue disease			

6. **In the last 12 months have you had, been diagnosed or treated by a Healthcare Professional, or been prescribed or taken medication for any of the following?**

- ☐ **Yes** ☐ **No** Aneurysm
- ☐ **Yes** ☐ **No** Heart bypass surgery
- ☐ **Yes** ☐ **No** Heart valve replacement
- ☐ **Yes** ☐ **No** Vascular surgery
- ☐ **Yes** ☐ **No** Been hospitalized overnight 2 or more times
- ☐ **Yes** ☐ **No** Had any fall resulting in a fracture
- ☐ **Yes** ☐ **No** Had a seizure or convulsion
- ☐ **Yes** ☐ **No** Had multiple falls
- ☐ **Yes** ☐ **No** Tremors
- ☐ **Yes** ☐ **No** Congestive heart failure
- ☐ **Yes** ☐ **No** Cardiomyopathy

7. **In the last 5 years, have you had, been diagnosed or treated by a Healthcare Professional, or been prescribed or taken medication for any of the following?**

- ☐ **Yes** ☐ **No** Leukemia
- ☐ **Yes** ☐ **No** Hodgkin's disease or other lymphoma
- ☐ **Yes** ☐ **No** Any cancer other than non-melanoma skin cancer?
- ☐ **Yes** ☐ **No** Alcohol or drug abuse or dependency
- ☐ **Yes** ☐ **No** Hospitalization for depression, bi-polar disorder or any other psychiatric disorder
- ☐ **Yes** ☐ **No** Blood clotting deficiency, Factor V, VII, VIII, IX, X,
- ☐ **Yes** ☐ **No** Idiopathic thrombocytopenic purpura (ITP) or essential thrombocythemia
- ☐ **Yes** ☐ **No** Von Willebrand disease
- ☐ **Yes** ☐ **No** Smoking with peripheral vascular disease, diabetes, or renal disease

8. **In the last 7 years, have you had, been diagnosed or treated by a Healthcare Professional, or been prescribed or taken medication for any of the following?**

- ☐ **Yes** ☐ **No** TIA with a history of heart disease
- ☐ **Yes** ☐ **No** Diabetes currently treated with insulin
- ☐ **Yes** ☐ **No** Rheumatoid arthritis with joint deformity
- ☐ **Yes** ☐ **No** Rheumatoid arthritis with joint replacement
- ☐ **Yes** ☐ **No** Kidney or cornea transplant
- ☐ **Yes** ☐ **No** Myasthenia gravis
- ☐ **Yes** ☐ **No** Rheumatoid arthritis requiring use of narcotic medication
- ☐ **Yes** ☐ **No** Bipolar disorder, schizophrenia or other psychosis
- ☐ **Yes** ☐ **No** Chronic kidney failure
- ☐ **Yes** ☐ **No** Diabetes with a history of TIA, Stroke, Neuropathy, kidney disease, peripheral vascular disease or congestive heart failure

9. **Have you been medically advised by a Healthcare Professional to have any surgery, non-routine diagnostic test or medical evaluation that has not yet been completed?** ☐ **Yes** ☐ **No**

10. **Additional Information** ***(If any of the above questions are answered "Yes," please list all medications)***

_____

_____

_____

11. Notices and Disclaimers

AL Residents
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AR, HI, KY, ND, OK, PA, SD, TN, and WA Residents
Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

CA Residents – Reg. 789.8
The sale or liquidation of any asset in order to buy insurance, either life insurance or an annuity contract, may have tax consequences. Terminating any life insurance policy or annuity contract may have early withdrawal penalties or other costs or penalties, as well as tax consequences. You may wish to consult independent legal or financial advice before the sale or liquidation of any asset and before the purchase of any life insurance or annuity contract.

CO Residents
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of any insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Department of Regulatory Agencies.

DC Residents
Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

ME Residents
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MA, LA and RI Residents
Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NM Residents
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NJ Residents
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

VA Residents
Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

All Other States
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ForeCare Annuity Application – Medical Questionnaire *(continued)*

Proposed Insured Statement and Representations

I agree that no insurance shall be in effect until: (a) a contract has been issued; and (b) the premium is paid while my insurability as stated in this application remains unchanged.

I agree that the answers set forth on this Application are true and complete to the best of my knowledge and belief. All statements made by me shall be deemed to be representations and not warranties.

I agree that this application will be part of the policy for which I apply and that I will notify the Insurer if any statements or answers given in this Application change prior to delivery of the policy.

I agree that verbal confirmation may be requested for this Application during a telephone interview.

I understand that the decision to issue the annuity contract and Long-Term Care Rider will be based, in part, on my responses obtained during a telephone interview. By signing below, I authorize Forethought Life Insurance Company to call me for a telephone interview. I agree to respond honestly and complete any interview to the best of my ability and understand that final authorization may be requested during the telephone interview.

CAUTION: If your answers on this Application are misstated or untrue, Forethought Life Insurance Company may have the right to deny benefits or rescind the contract.

Signature of Proposed Insured	**Date**
Printed Name of Proposed Insured	
Signature of Licensed Agent	**Signature of Licensed Agent *(if applicable)***
Signature of Licensed Agent *(if applicable)*	**Signature of Licensed Agent *(if applicable)***

Telephone Interview Information – *(For ages 70-80)*

Date for Interview:	Location: ☐ Firm ☐ Home ☐ Other _____
Time:	Phone Number:
Special Instructions: _____	

Advisor Information

Printed Name:			
Firm:			
Address:	City:	State:	Zip:
Email Address:	Phone number to call with results:		

Advisor Information *(if applicable)*			
Printed Name:			
Firm:			
Address:	City:	State:	Zip:
Email Address:	Phone number to call with results:		

Advisor Information *(if applicable)*			
Printed Name:			
Firm:			
Address:	City:	State:	Zip:
Email Address:	Phone number to call with results:		

Advisor Information *(if applicable)*			
Printed Name:			
Firm:			
Address:	City:	State:	Zip:
Email Address:	Phone number to call with results:		