

Application “Knock Out” Questions

Questions may vary by state. See state-specific applications in your Agent portal for details.

Note for AZ: LifeSecure cannot disclose Personal Health Information (PHI) to agents.

Hospital Recovery 2.0

If a “Yes” response is provided to any question in the medical information section of the Hospital Recovery application, coverage will be declined for that person.

1. Has any person applying for coverage been advised in the past 2 years by a Licensed Health Care Practitioner to:
 - have surgery or therapy which would require an inpatient hospital stay which has not yet been completed, or
 - have diagnostic tests (except for HIV) which have not yet been completed or for which results have not yet been received?
2. Is any person applying for coverage currently pregnant, bedridden, confined to a wheelchair, receiving home healthcare services, staying in a nursing home, or receiving medical assistance at an assisted living facility?
3. Has any person applying for coverage been hospitalized 3 or more times in the past 2 years?
4. In the past 2 years, has any person applying for coverage been diagnosed with, treated for, or received medical advice from a Licensed Health Care Practitioner for:
 - a. Diabetes requiring Insulin, Kidney Failure, Kidney Dialysis, Cirrhosis of the Liver, or Hepatitis C?
 - b. Cancer (other than Basal Cell or Melanoma), Leukemia, Hodgkin’s Disease, or Lymphoma?
 - c. Congestive Heart Failure, Heart Surgery of any type, Stroke (CVA), or Transient Ischemic Attack (TIA)?
 - d. Emphysema, Chronic Obstructive Pulmonary Disease or the use of oxygen to assist in breathing?
 - e. Alzheimer’s Disease, Senile Dementia, Amyotrophic Lateral Sclerosis (ALS), Parkinson’s Disease, Systemic Lupus Erythematosus, Hemophilia, or Neurological Disorders?
 - f. Having or testing positive for Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)?
 - g. Multiple Sclerosis, Muscular Dystrophy, Cerebral Palsy, or Cystic Fibrosis?

Hospital Recovery 3.0 – with Observation Coverage

If a “Yes” response is provided to any question in the medical information section of the Hospital Recovery application, coverage will be declined for that person.

1. Has any person applying for coverage been advised in the past 2 years by a Licensed Health Care Practitioner to:
 - have surgery or therapy which would require an inpatient hospital stay which has not yet been completed, or
 - have diagnostic tests which have not yet been completed or for which results have not yet been received?
2. Is any person applying for coverage currently pregnant, bedridden, confined to a wheelchair, receiving home healthcare services, staying in a nursing home, or receiving medical assistance at an assisted living facility?
3. Has any person applying for coverage been hospitalized 3 or more times in the past 2 years?
4. In the past 2 years, has any person applying for coverage been diagnosed with, treated for, or received medical advice from a Licensed Health Care Practitioner for:
 - a. Diabetes requiring Insulin, Kidney Failure, Kidney Dialysis, Cirrhosis of the Liver, or Hepatitis C?
 - b. Cancer (other than Basal Cell), Leukemia, Hodgkin’s Disease, or Lymphoma?
 - c. Congestive Heart Failure, Heart Surgery of any type, Stroke (CVA), or Transient Ischemic Attack (TIA)?
 - d. Emphysema, Chronic Obstructive Pulmonary Disease (COPD) or the use of oxygen to assist in breathing?
 - e. Alzheimer’s Disease, Senile Dementia, Amyotrophic Lateral Sclerosis (ALS), Parkinson’s Disease, Systemic Lupus Erythematosus, Hemophilia, or Neurological Disorders (other than Attention Deficit Hyperactivity Disorder, benign essential tremor and migraine disorder)?
 - f. Having or testing positive for Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)?
 - g. Multiple Sclerosis, Muscular Dystrophy, Cerebral Palsy, or Cystic Fibrosis?

*NOTE for **INDIVIDUAL** 3.0: Questions not used with primary applicants and/or spouses age 64.5 to 65.5 on the date of application (in most states). In **NC**: age 64.5 until they turn 65*

*NOTE for **WORKSITE** 3.0: Questions not used when applying for the \$200 Conditional Guaranteed Issue amount (In **WA**: Conditional Guaranteed Issue not available).*

Hospital Indemnity 4.0

If a "Yes" response is provided to any question in the medical information section of the Hospital Indemnity application, coverage will be declined for that person.

1. Has any person applying for coverage been advised in the past 2 years by a Licensed Health Care Practitioner to:
 - have surgery or therapy which would require an inpatient hospital stay which has not yet been completed, or
 - have diagnostic tests which have not yet been completed or for which results have not yet been received?
2. Is any person applying for coverage currently pregnant, bedridden, confined to a wheelchair, receiving home healthcare services, staying in a nursing home, or receiving medical assistance at an assisted living facility?
3. Has any person applying for coverage been hospitalized 3 or more times in the past 2 years?
4. In the past 2 years, has any person applying for coverage been diagnosed with, treated for, or received medical advice from a Licensed Health Care Practitioner for:
 - a. Diabetes requiring Insulin, Kidney Failure, Kidney Dialysis, Cirrhosis of the Liver, or Hepatitis C?
 - b. Cancer (other than Basal Cell), Leukemia, Hodgkin's Disease, or Lymphoma?
 - c. Congestive Heart Failure, Heart Surgery or procedure, Coronary Artery Disease, Stroke (CVA), or Transient Ischemic Attack (TIA)?
 - d. Emphysema, Chronic Obstructive Pulmonary Disease (COPD) or the use of oxygen to assist in breathing?
 - e. Alzheimer's Disease, Senile Dementia, Amyotrophic Lateral Sclerosis (ALS), Parkinson's Disease, Systemic Lupus Erythematosus, Hemophilia, Epilepsy or Neurological Disorders (other than Attention Deficit Hyperactivity Disorder, benign essential tremor and migraine disorder)?
 - f. Having or testing positive for Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)? **In CA:** HIV is excluded
 - g. Multiple Sclerosis, Muscular Dystrophy, Cerebral Palsy, or Cystic Fibrosis?

*NOTE for **INDIVIDUAL** 4.0: Questions not used with primary applicants and/or spouses age 64.5 thru 66 on the date of application (in most states). **In CA:** age 64.5 until they turn 65*

*NOTE for **WORKSITE** 4.0: Questions not used when applying for the \$200 or \$300 Conditional Guaranteed Issue amount*

Critical Illness

If a "Yes" response is provided to any question in the initial insurability section of the Critical Illness application, coverage will be declined for that person.

1. Within the past 10 years, have you ever been... for any of the following conditions: heart disease; chronic lung disease; major organ transplant; coronary artery disease; heart attack; angina; angioplasty; stent replacement or bypass surgery; atrial fibrillation; valvular heart disease; carotid artery disease; cerebral vascular disease; brain aneurysm; stroke (CVA) or transient ischemic attack (TIA); peripheral vascular disease; cancer (including carcinoma, sarcoma, Hodgkin's Disease tumor, leukemia, lymphoma, in situ, malignant tumor, melanoma and basal cell or squamous cell carcinoma); liver disease; impaired kidney function; diabetes; AIDS, HIV; ARC; or chronic obstructive pulmonary disease (COPD)?
2. For any condition listed above, within the past 2 years, have you had any abnormal diagnostic tests for which you are awaiting results, or have you been advised by a healthcare professional to seek consultation with a medical professional or undergo diagnostic testing (including self-administered), but have not done so?
3. Within the past 5 years, have you been diagnosed with, treated for or received medical advice from a healthcare professional for alcohol or drug abuse?
4. Are you currently receiving, or within the past 2 years, have you received or applied for Social Security Disability Income Benefits?

Questions not applicable for Worksite Critical Illness applications with a \$10,000 guaranteed issue Benefit Amount.

Build Chart *(for use with Critical Illness and Hospital Recovery/Hospital Indemnity insurance products)*

Exceptions (not subject to the Build Chart):

- Worksite Critical Illness Insurance with the \$10,000 guaranteed issue Benefit Amount
- Individual Hospital Recovery 3.0 Insurance, guaranteed issue *(for ages 64.5 to 65.5 on date of application in most states - see page 6)*
- Worksite Hospital Recovery 3.0 Insurance with the \$200 conditional guaranteed issue Daily Benefit Amount.
- Individual Hospital Indemnity 4.0 insurance, guaranteed issue (for ages 64.5 thru 66 on date of application)
In CA: age 64.5 until turning 65
- Worksite Hospital Indemnity 4.0 insurance with the \$200 or \$300 conditional guaranteed issue Daily Benefit Amount

Height (in Feet & Inches)	Weight (in Pounds)	
	Minimum	Maximum
4'6"	77	162
4'7"	80	168
4'8"	83	174
4'9"	86	180
4'10"	89	187
4'11"	92	193
5'0"	95	200
5'1"	98	206
5'2"	101	213
5'3"	104	220
5'4"	108	227
5'5"	111	234
5'6"	115	242
5'7"	118	249
5'8"	122	257
5'9"	125	264
5'10"	129	272
5'11"	133	280
6'0"	136	288
6'1"	140	296
6'2"	144	304
6'3"	148	312
6'4"	152	320
6'5"	156	329
6'6"	160	338
6'7"	164	346
6'8"	168	355
6'9"	173	364
6'10"	177	373
6'11"	181	382