WEALTHMAX BONUS LIFE®

Health questions

A "Yes" response to any of the questions in the prequalification section on pages 1-2 will most likely result in an underwriting decline. Please see additional health questions on page 2. Must be a citizen or permanent resident of the United States to be underwritten for WealthMax Bonus Life.

EquiTrust.

PREQUALIFICATION QUESTIONS

Are you currently:
1. Hospitalized; bedridden; receiving hospice or home health care; confined to a nursing home, assisted living facility, convalescent care or mental facility; or have been hospitalized more than twice in the last 24 months?
2. Receiving assistance or supervision with eating, bathing, dressing, walking, toileting or getting out of a chair?

Within the past 12 months:

3. Have you used supplemental oxygen, a walker, wheelchair or urinary catheter; had a blood transfusion; or had a pacemaker or defibrillator installed?

In the past 24 months, have you consulted a physician, or been diagnosed or treated by a member of the medical profession, for:

- **4.** Uncontrolled high blood pressure, chest pain or angina, heart attack or failure, irregular heart rhythm, heart surgery, stroke, transient ischemic attack (TIA), abdominal aortic aneurysm, valve repair or replacement, or had any procedure to improve the circulation of the heart, brain or extremities?
- **5.** Any respiratory disease including chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, respiratory failure, or have you required oxygen equipment to assist in breathing?
- 6. Any neuromuscular disease including multiple sclerosis, grand mal seizures or Parkinson's disease?
- **7.** Rheumatoid arthritis, systemic lupus erythematosus (SLE) or other connective tissue disease requiring joint replacement, or have you had any amputation caused by disease?

Within in the past 2 years:

8. Have you been declined or postponed for life insurance?

Within the past 3 years, have you been:

- **9.** Diagnosed by a member of the medical profession with internal cancer or melanoma, leukemia, lymphoma; or have you ever had more than one occurrence of cancer or metastasis (excluding basal or squamous cell skin cancer); or are you currently being treated by a member of the medical profession for cancer or recurrence of cancer?
- **10.** Diagnosed by a member of the medical profession, treated, or taken medications for cirrhosis, liver failure, chronic pancreatitis or chronic hepatitis?
- **11.** Convicted of reckless driving, or operating a vehicle while impaired or under the influence of drugs or alcohol (DWI/DUI)?

	past 5 years, have you:
	llegal drugs, been treated or advised to have treatment by a physician, or excessively used alcohol or di se (including prescription drugs, except as prescribed by a physician)?
13. Attem	pted suicide?
	diagnosed by a member of the medical profession, treated or hospitalized for chronic pain with daily tic use?
	convicted of or incarcerated for a felony, or are you awaiting trial for a felony or currently on tion or parole?
would	advised by a member of the medical profession that you have any disease, injury or impairment that require hospitalization, surgery or other medical procedures, or have you had any diagnostic tests ave not been completed or for which results are not yet available (other than HIV/AIDS)?
Within the	past 10 years:
-	ou been diagnosed, treated, tested positive for, or given medical advice by a member of the medical sion for two or more of the following impairments: insulin-dependent diabetes, heart attack or heart va ement; stroke or transient ischemic attack (TIA), carotid artery disease, peripheral vascular disease (PV
replac	eral artery disease (PAD); or had multiple strokes or transient ischemic attacks (TIAs)?
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replac periph Have you	eral artery disease (PAD); or had multiple strokes or transient ischemic attacks (TIAs)?

20. Alzheimer's disease, dementia, memory loss or impairment, mental incapacity, schizophrenia, bipolar disorder or organic brain syndrome?

21. Muscular dystrophy, vasculitis or hemophilia?

22. Pulmonary fibrosis, pulmonary hypertension, cardiomyopathy or congestive heart failure?

23. Lou Gehrig's disease (ALS), Huntington's disease, scleroderma, or organ transplant?

24. Diabetes prior to age 30, or have you ever been treated by a member of the medical profession for diabetic retinopathy, neuropathy, or nephropathy, or had insulin shock or diabetic coma?

OTHER HEALTH QUESTIONS

1. What is the proposed insured's height?

- 2. What is the proposed insured's weight?
- 3. Within the past 12 months, have you visited a doctor or other medical professional?
- **4.** Are you taking or have you been prescribed medication by a member of the medical profession for any impairment that we asked about previously?
- 5. Have you applied for life insurance with any other insurance companies in the last 2 years?
- **6.** Have you used any nicotine-based products, any form of electronic cigarette (including nicotine free e-cigarettes) or marijuana?

WealthMax Bonus Life is a single-premium, indexed life insurance policy underwritten, issued and distributed by EquiTrust Life Insurance Company, West Des Moines, Iowa. Product availability and features may vary by state. See policy for complete details. Policy issued on Policy Form Series ICC19-ETL-IUL-2000(01-19) or ETL-IUL-2000(01-19).

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