HEALTH QUESTIONNAIRE
of
Gulf Guaranty Life Insurance Company
P. O. Box 12409
Jackson, MS 39236-2409

1. Name _____ Date of Birth _____
2. Address _____ Phone (___)_____ Cell (___)_____
3. Social Security No. _____ Height _____ Weight _____
4. Health Status: **(All questions must be answered in full)**
   (a) List all injuries and sickness within the last 3 years: _____
   _____
   (b) Are you now taking or had prescribed for taking any medication? □ yes □ no.
   If yes, state name, reason and dosage of medication:_____
   _____
   _____

   (c) Give names and addresses of all doctors you have seen within the last 3 years and reasons for such consultations. (List others on reverse, if more than two)

   Name _____ Name _____
   Address _____ Address _____
   City _____ State _____ Zip_____ City _____ State _____ Zip_____
   Phone _____ Phone _____
   Reasons _____ Reasons _____

   (d) Have you ever been hospitalized within the last 3 years? □ yes □ no. If yes, answer the following:

   Date of Hospitalization | Name/Address of Hospital | Attending Physician

   _____
   Reason _____
   _____

   Date of Hospitalization | Name/Address of Hospital | Attending Physician

   _____
   Reason _____
   _____

(e) Have you ever had, been told you have or been treated for: (circle specific ailment)	Yes	No
(1) Heart attack, angina pectoris or arterio-sclerosis	□	□
(2) Cancer, tumor, diabetes, paralysis or ulcer	□	□
(3) High Blood Pressure	□	□
(4) Disease of the heart, lung, brain, liver, stomach, kidney	□	□
(5) Any arthritis, back trouble or problem, such as spasms, disc, sciatica, etc.	□	□
(6) Any immune deficiency disorder, AIDS or AIDS related complex (ARC)	□	□
(7) Any other illness, surgery or hospital care in the past not reported above?	□	□

If yes, give particulars: _____
_____
_____

5. Occupation
   (a) Employer _____ How Long _____
   (b) Describe Duties _____

6. **Representation:** I declare that all statements and answers to the questions above are complete and true to the best of my knowledge.

_____ _____
Date Signature