

Underwriting Questions

Eligibility is dependent upon an applicant's responses to all application questions. Please use this information as a guideline.



Policies issued by American General Life Insurance Company (AGL), Houston, TX, member of American International Group, Inc. (AIG).

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If the Proposed Insured **answers Yes** to any of the following questions (Steps 1 - 5), the Proposed Insured is **not eligible** for any coverage under this application.

Step 1

- 1. Is the Proposed Insured currently bedridden or confined to any hospital facility or skilled nursing facility; or receiving or been advised to receive care in a nursing home, hospice care, or home health care?
- 2. Is the Proposed Insured receiving assistance with activities of daily living, including eating, bathing, toileting, or dressing due to a chronic or debilitating condition?
- 3. Does the Proposed Insured require any of the following due to a debilitating condition: wheelchair, electric scooter, or oxygen equipment to assist breathing (excluding use for sleep apnea)?
- 4. Has the Proposed Inured been diagnosed by a licensed member of the medical profession with a terminal illness or terminal condition that is expected to result in death within 12 months or less?
- 5. Has the Proposed Insured been diagnosed with brain aneurysm or transient ischemic attack (TIA) in the **past 6 months**, or **EVER** had recurrent episodes of TIA (more than once)?
- 6. Is the Proposed Insured currently incarcerated in a prison or jail?





Has the Proposed Insured ever been diagnosed as having, been treated for, or consulted a licensed member of the medical profession for any of the following?

Step 2

- 1. Alzheimer's Disease, Dementia, Huntington's Disease, Sickle Cell Anemia, Myelodysplastic Syndrome (MDS), Lou Gehrig's Disease (ALS), Mental Incapacity, Cirrhosis, Quadriplegia or Paraplegia
- 2. HIV infection AIDS or AIDS-Related Complex (ARC)
- 3. Advanced or End Stage Renal Disease or in need of Dialysis
- 4. Bone Marrow, Organ Transplant or Lymphoma
- 5. Metastatic or Recurrent Cancer of the same type (Stage III or Stage IV cancer)
- 6. Amputation due to diabetic complications or a hospitalization in the past 24 months due to diabetes
- 7. Heart Failure or Defibrillator device implanted
- 8. Suicide Attempt





In the last 12 months has the Proposed Insured:

Step 3

- 1. Been diagnosed or treated for, or consulted a licensed member of the medical profession for stroke, or EVER had a stroke AND Diabetes and/or Coronary Artery Disease?
- 2. Been declined for life insurance?
- 3. Been advised by a licensed member of the medical profession to have a surgical operation, diagnostic testing other than for routine screening purposes or for those related to HIV/AIDS, treatment, hospitalization, or other procedure which has not been done or for which results are not known?





In the last 24 months has the Proposed Insured:

Step 4

- 1. Been diagnosed or treated for, or consulted a licensed member of the medical profession for the following types of cancer: Brain, Carcinoid or Neuroendocrine Tumor, Esophageal, Head or Neck, Leukemia, Liver, Lung, Lymphoma, Multiple Myeloma, Ovarian, Pancreas, Sarcoma, Small Intestine, Stomach?
- 2. Been convicted of, or plead guilty or no contest to, driving while impaired, intoxicated or under the influence of drugs or alcohol?
- 3. Used narcotics (other than marijuana) such as amphetamines, hallucinogens, heroin, or cocaine without a prescription from a licensed member of the medical profession?
- 4. Been hospitalized MORE THAN ONCE for Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Chronic Bronchitis (Chronic Cough)?
- 5. Been convicted of, or plead guilty or no contest to, a felony?

In the last 36 months has the Proposed Insured:

Step 5

1. Been hospitalized for Schizophrenia or a Psychotic event?





SimpliNow Legacy – eligibility questions, Section A

Section A – Has the Proposed Insured ever been diagnosed or treated for, or consulted a licensed member of the medical profession for any of the following?	Yes	No	
1. Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis (Chronic Cough)	Х		
Hove you need to be see within the most year?		es	Decline
Have you used tobacco within the past year?	No		Graded
2. Hepatitis B	X		
		——	Graded
3. Diabetes	X		
What is your most recent level of A1C?	8.6 or Less		Level
what is your most recent level of A1C?		o 9.9	Graded
		nd up	Decline
		t know	Graded
If answer is other than "10 and up" a follow-up question is asked	Y	es	Graded
Are you on daily insulin treatment?		lo	Level





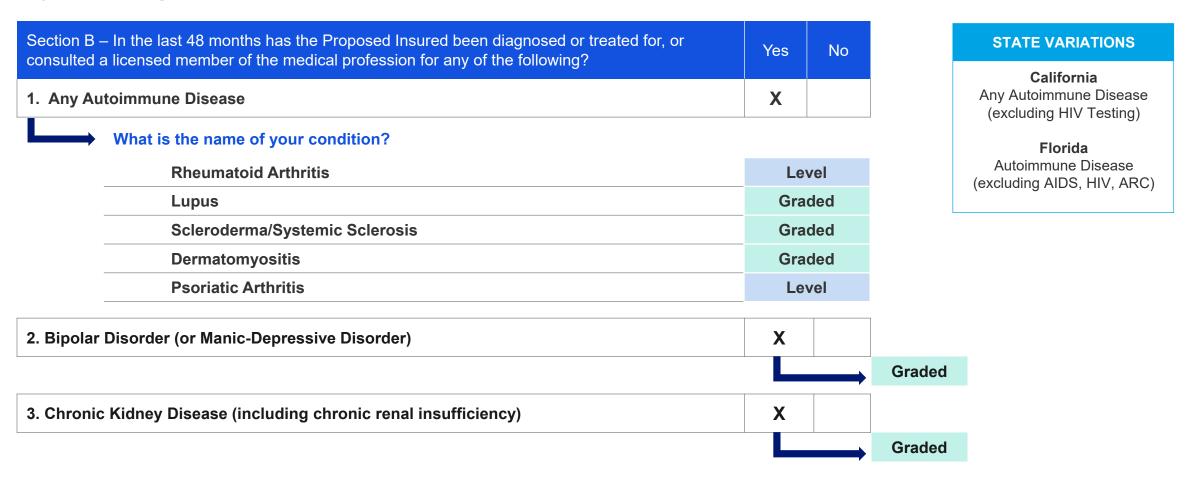
SimpliNow Legacy – eligibility questions, Section A continued

Section A – Has the Proposed Insured ever been diagnosed or treated for, or consulted a licensed member of the medical profession for any of the following?	Yes	No	
4. Schizophrenia	Х		
			Graded
5. Multiple Sclerosis	X		
			Graded
6. Parkinson's Disease	X		
			Graded
7. Cardiomyopathy	X		
		——	Graded





SimpliNow Legacy – eligibility questions, Section B







SimpliNow Legacy – eligibility questions, Section B continued

	the last 48 months has the Proposed Insured been diagnosed or treated for, or ensed member of the medical profession for any of the following?	Yes	No	
Cancer (exc	ept for non melanoma skin cancer)	Х		
	Melanoma (skin/mole cancer)	Le	Level	
	Breast Cancer		Level	
	Colon Rectum Anus Cancer	Le	Level	
	Thyroid Cancer	Level		
	Kidney or Ureter Cancer Bladder Cancer Prostate Cancer		Level	
			Graded	
			Level	
	Testicular Cancer	Le	vel	
	Cervical Cancer	Le	vel	
	Endometrial (Uterine) Cancer	Le	vel	
	Bone Cancer	Gra	ded	
	Other Cancer Not Listed Above	Gra	ded	
	Anything answered that is a "Level" cancer	Y	es	
	Is it Stage II?	N	lo	





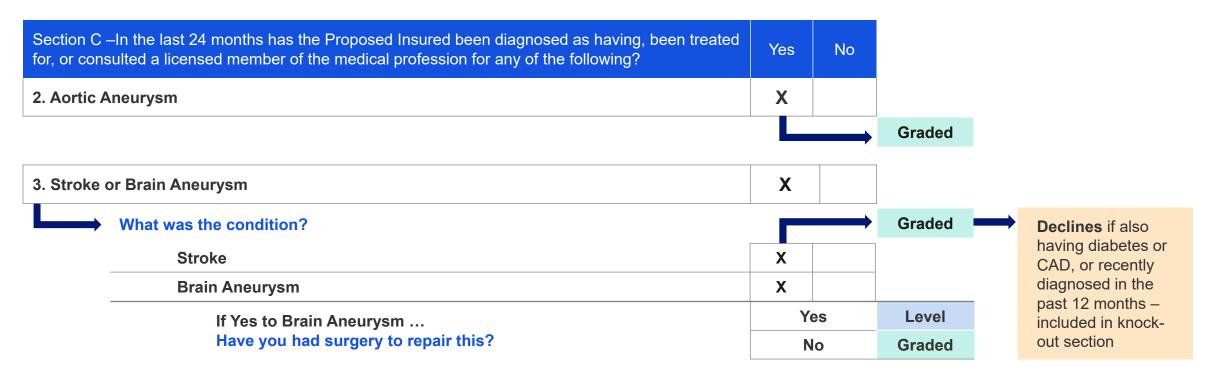
SimpliNow Legacy – eligibility questions, Section C

Section C –In the last 24 months has the Proposed Insured been diagnosed as having, been treated for, or consulted a licensed member of the medical profession for any of the following?			
Coronary Artery Disease, Heart Attack, Unstable Angina (treated medically or with Stents) or Coronary Bypass Surgery	Х		
What was the condition?			
Myocardial Infarction (heart attack)			
Coronary Artery Disease with Angioplasty/Stenting			
Coronary Artery Disease with Bypass Grafting			
Angina Treated with Medication			
Other than above	Level		
I don't know		Graded	
Did this first begin within the past 6 months, or has it worsened in frequency or severity?			
			Decline
Have you used tobacco within the past year? If answers No to question above Have you been diagnosed with diabetes?		Yes	
		No	
		Yes	
		No	





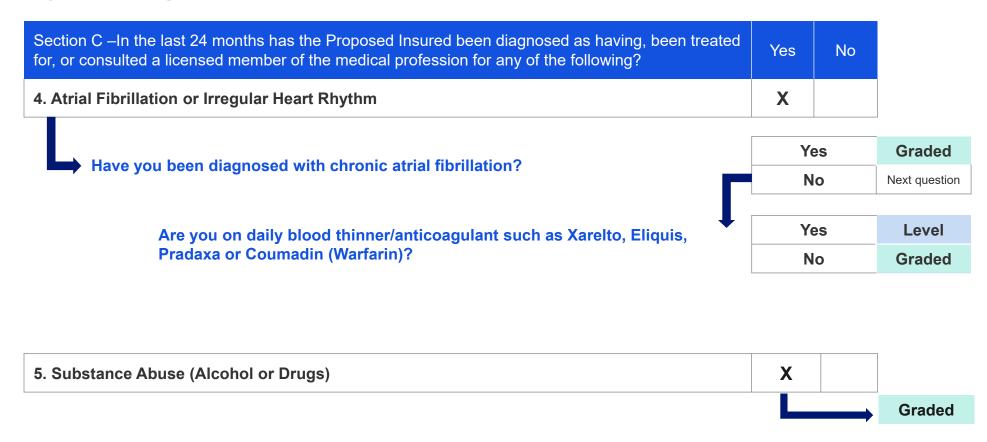
SimpliNow Legacy – eligibility questions, Section C continued







SimpliNow Legacy – eligibility questions, Section C continued







SimpliNow Legacy – eligibility questions, Section D

Section D — In the last 12 months has the Proposed Insured been treated for, or consulted a licensed member of the medical profession for any of the following?	Yes	No			
1. Unintentional weight loss in excess of 10 lbs.	Х				
			Graded		Declines if BMI is too low





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This is not a preneed insurance contract or agreement. Benefits are payable to the beneficiary or beneficiaries as directed by the owner of policy. Premiums paid may exceed amount of coverage. For an estimate of the year the premiums may exceed the amount of coverage, divide the face amount by the annual premium.

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