

**AMERICO EAGLE PREMIER – All Questions Must be Answered NO for to Qualify for the Immediate Death Benefit.  
 AMERICO EAGLE GUARANTEED – Graded death benefit. Use if any questions answered YES or above weight chart.**

2. Height: 5' 6"	3. Weight: 180
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4. Have You ever been diagnosed, treated, tested positive, or been given medical advice, or prescribed medication by a licensed member of the medical profession for:		<b>Yes</b>	<b>No</b>
a. Alzheimer's disease, dementia, memory loss, muscular dystrophy, or ALS (Lou Gehrig's disease)? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
b. Congestive heart failure, defibrillator placement, cardiomyopathy, chronic kidney disease or kidney failure, or received kidney dialysis? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
c. Cirrhosis of the liver, Hepatitis (all forms, excluding recovered Hepatitis A), or liver failure? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
d. Emphysema, chronic obstructive pulmonary disease (COPD), or any other chronic respiratory or lung problem, excluding allergies or asthma? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
e. Metastatic cancer (cancer that has spread to other parts of the body)? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
f. Two or more occurrences of cancer of any kind or a reoccurrence of a previous cancer? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
g. AIDS, ARC, or HIV? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
5. In the past 24 months, have You been diagnosed, treated, tested positive, or been given medical advice by a licensed member of the medical profession for:			
a. Internal cancer, brain tumor, or malignant melanoma (excluding basal cell skin cancer)? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
b. Complications of diabetes, including amputation, retinopathy (eye disease), nephropathy (kidney disease), neuropathy, insulin shock, or diabetic coma? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
6. In the past 24 months, have You been diagnosed treated, tested positive received medical advice, counseling, or been prescribed medication by a licensed member of the medical profession for drug or alcohol abuse/dependency or addiction? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
7. Within the last 12 months, have You been advised, by a licensed member of the medical profession, to have tests, surgery or hospitalization (except for those related to HIV or AIDS), which have not been completed, or are You waiting for a medical diagnosis or results of medical tests or procedures which have not been received? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
8. In the past 12 months, have You been diagnosed, treated, tested positive, been given medical advice or prescribed medication by a licensed member of the medical profession for:			
a. Angioplasty (balloon procedure), stent placement, or heart bypass surgery? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
b. Stroke; heart attack, heart valve disease, coronary disease, angina (chest pain), or heart disorder (excluding hypertension)? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
9. Have You received advice from a licensed member of the medical profession to have, are You waiting for, or have You ever received, an organ or tissue transplant? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>

  

10. Are You now, or within the past 6 months have you been:		<b>Yes</b>	<b>No</b>
a. Hospitalized for 48 hours or more, bedridden or confined to or living in a nursing facility or correctional facility? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
b. Receiving or been advised by a member of the medical profession to receive hospice care? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
c. Receiving home health care for a chronic or debilitating condition? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
d. Receiving assistance with activities of daily living, including eating, bathing, toileting, or dressing due to a chronic or debilitating condition? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
e. Confined to a wheelchair or using a walker for assistance (except in the case of a temporary condition immediately following injury or medical treatment not to exceed 3 months' time)? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
f. Using oxygen to assist in breathing? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>
11. Have You been diagnosed with a terminal illness that is expected to result in death within 24 months? .....	<input type="checkbox"/>		<input checked="" type="checkbox"/>

Underwriting Build Chart												
Height	4'8"	4'9"	4'10"	4'11"	5'	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"
Weight (lbs)	79 - 189	81 - 196	84 - 203	87 - 210	90 - 217	93 - 224	96 - 232	99 - 239	102 - 247	106 - 255	109 - 263	112 - 271
Height	5'8"	5'9"	5'10"	5'11"	6'	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"	6'7"
Weight (lbs)	116 - 279	119 - 287	122 - 296	126 - 304	130 - 313	133 - 322	137 - 331	141 - 340	144 - 349	148 - 358	152 - 367	156 - 377