



Complete this questionnaire to determine eligibility for the Preferred or Preferred Smoker rating classes. This questionnaire is part of the Application/Enrollment Form for medical insurance made to Time Insurance Company by

Primary Proposed Insured's Name

If a proposed insured meets the following condition, that proposed insured is not eligible for a preferred rating:*

- Special Class Premium

*Note: A proposed insured may be eligible for a Preferred Smoker rating if he or she is able to truthfully answer questions 2, 3 and 4 "No." Underwriting reserves the right to apply tobacco ratings based upon lab results, phone verification or medical records.

Each proposed insured must complete and sign the appropriate sections. Spouses are considered separately for preferred rating eligibility and must also answer this questionnaire. This information is not required for dependents.

	PRIMARY	SPOUSE
1. Has the proposed insured used tobacco products at any time during the past 3 years? (If NO, go to question 5.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the proposed insured previously smoke or do they currently smoke 10 or more cigarettes per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the proposed insured previously smoke or do they currently smoke more than 1 cigar or pipe per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the proposed insured previously use or do they currently use chewing tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the proposed insured currently outside the weight range listed in the build chart on the reverse side?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the proposed insured had blood pressure readings in excess of 140/90 or been treated for elevated blood pressure in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the proposed insured had cholesterol readings above 220 or a cholesterol/HDL ratio above 3.5 or been treated for elevated cholesterol or triglycerides within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the proposed insured had any citations for DUI or more than 1 moving violation including speeding ticket(s) within the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has the proposed insured had a complete physical exam within the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Proposed Insured Signature

Date

Spouse or Other Insured Signature

Date

Driver's License Number

Driver's License Number

Licensed Agent Signature

Date

Agent Number

BUILD CHART

Male		Female	
Height (ft, in)	Weight (lbs)	Height (ft, in)	Weight (lbs)
5'0"	98 - 152	4'10"	90 - 138
5'1"	101 - 155	4'11"	92 - 140
5'2"	103 - 159	5'0"	94 - 143
5'3"	105 - 162	5'1"	96 - 146
5'4"	107 - 166	5'2"	98 - 150
5'5"	110 - 171	5'3"	101 - 153
5'6"	112 - 175	5'4"	104 - 158
5'7"	115 - 181	5'5"	107 - 163
5'8"	118 - 186	5'6"	109 - 168
5'9"	121 - 191	5'7"	112 - 173
5'10"	124 - 197	5'8"	115 - 178
5'11"	126 - 203	5'9"	117 - 185
6'0"	129 - 208	5'10"	119 - 192
6'1"	132 - 215	5'11"	122 - 197
6'2"	135 - 220	6'0"	123 - 202
6'3"	139 - 226	6'1"	126 - 207
6'4"	143 - 232	6'2"	130 - 213
6'5"	146 - 240	6'3"	134 - 219