

4

MEDICAL INFORMATION

Applicants must accurately and completely answer ALL medical questions on the application. Failure to provide accurate, complete responses will invalidate the insurance coverage. **Provide explanations for “yes” answers.** Based on underwriting review, additional information may be requested.

Applying for Level Term I:	Requirement A.
Applying for Level Term II and:	Submit copies of the medical requirements as listed:
Active Duty or Full-Time Guard/Reserve	Requirement B.
Part Time Guard/Reserve, Retired, Veteran, Spouse or Child (age 18-23)	Requirement C.
Applying for Value-Added Whole Life and:	Submit copies of the medical requirements as listed:
Active Duty or Full Time Guard/Reserve • Under age 40 AND • “No” for medical questions 2-11 & 13	Requirement A.
Active Duty or Full Time Guard/Reserve • Over age 39 OR • “Yes” for medical questions 2-11 & 13	Requirement B.
Part Time Guard/Reserve, Retired, Veteran or Spouse	Requirement C.
Spouse of Active Duty Member • Under age 40 AND • “No” for medical questions 2-11 & 13 AND • Applying for a policy of \$300,000 or less	Requirement A.
Child or Grandchild • Age 6 months - 23 years AND • Applying for a policy of \$100,000 or less • Applying for a policy over \$100,000	Requirement A. Requirement D.

<p>REQUIREMENT A. No medical records are required to be sent with application. However, AAFMAA may subsequently request medical information.</p>	<p>REQUIREMENT B. Most recent (completed in the last 5 years) of each: • Medical exam [DD2808/SF88] with blood/urine tests* • Medical history [DD2807-1/SF93] • Age 50+ - PSA test (males) • Age 55+ - EKG test</p>
<p>REQUIREMENT C. Most recent (completed in the last 12 months) of each: • Physical/clinical exam with blood/urine tests* • Age 50+ - PSA test (males) • Age 55+ - EKG test</p>	<p>REQUIREMENT D. • Age 6 months - 6 yrs: Well baby statement • Age 7-14 yrs: Routine/school physical within 12 months • Age 15-23 yrs: Physical exam with blood/urine tests within 12 months</p>

***Blood Chemistry:** Glucose, BUN, Alk Phos, AST (SGOT), ALT (SGPT), GGT, Triglycerides, Cholesterol, HDL Chol, Chol/HDL Ratio, LDL, HIV. **Urinalysis:** Protein, Glucose. If you cannot provide required medical information, please contact AAFMAA for other arrangements. AAFMAA may arrange an exam at our expense.

5

CERTIFICATION

Insured - Signature required on all applications (must be current date).

Child - If the insured is under age 18, parent or guardian must sign as the insured and provide ID (see section 1).

Owner - Select one. The owner controls policy, designates beneficiary and receives all policy correspondence. If the insured is not the owner, signature of the owner is also required.

Power of Attorney - Persons using a POA to complete the application must submit a copy of their POA and the AAFMAA Power of Attorney Amendment (available from AAFMAA or at www.aafmaa.com/forms). Please follow the instructions on the Amendment for signing and submitting the application.