



MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
APPLICATION FOR PREFERRED HEALTH UNDERWRITING CLASSIFICATION
 Complete this Form Only if Applying for the Preferred Health Discount

INSTRUCTIONS: The Proposed Insured and Additional Proposed Insured may qualify for a Preferred Rating Classification depending on their health history. If the Proposed Insured and/or Additional Proposed Insured intend to obtain a Preferred Rate, then each must answer the questions below.

Please Note: The Proposed Insured and Additional Proposed Insured must:

- a. Be age 18 or older, but not older than age 50;
- b. Not have a condition that would result in a health exclusion rider or premium rate-up;
- c. Answer questions 1-7 "No;" and
- d. If age 40 or older, must also answer "Yes" to question 8 and provide the requested information.

Preferred Rates are not available for dependent children.

Proposed Insured Applicant	Additional Proposed Insured	Questions																																																																																								
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you been advised by a medical professional that you have blood pressure in excess of 130/85 (more than 130 systolic and/or more than 85 diastolic) or have you been treated for high blood pressure within the past 12 months?																																																																																								
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you been advised by a medical professional that you have a total cholesterol reading above 200 or have you 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	3. Have you had any convictions for DUI or DWI or have you had more than 2 moving violations within the past 2 years?																																																																																								
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you used tobacco in any form or any nicotine products at any time during the past 2 years?																																																																																								
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently outside the weight range shown on the Build Chart for Preferred Risks? <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="4">Male</th> <th colspan="4">Female</th> </tr> <tr> <th>Height</th> <th>Weight</th> <th>Height</th> <th>Weight</th> <th>Height</th> <th>Weight</th> <th>Height</th> <th>Weight</th> </tr> </thead> <tbody> <tr> <td>5'0"</td> <td>105-147</td> <td>5'9"</td> <td>131-190</td> <td>4'10"</td> <td>90-135</td> <td>5'7"</td> <td>112-168</td> </tr> <tr> <td>5'1"</td> <td>110-151</td> <td>5'10"</td> <td>134-195</td> <td>4'11"</td> <td>92-138</td> <td>5'8"</td> <td>115-172</td> </tr> <tr> <td>5'2"</td> <td>113-156</td> <td>5'11"</td> <td>138-201</td> <td>5'0"</td> <td>94-141</td> <td>5'9"</td> <td>118-176</td> </tr> <tr> <td>5'3"</td> <td>115-161</td> <td>6'0"</td> <td>142-207</td> <td>5'1"</td> <td>96-144</td> <td>5'10"</td> <td>122-180</td> </tr> <tr> <td>5'4"</td> <td>117-166</td> <td>6'1"</td> <td>147-213</td> <td>5'2"</td> <td>98-148</td> <td>5'11"</td> <td>125-185</td> </tr> <tr> <td>5'5"</td> <td>120-171</td> <td>6'2"</td> <td>153-219</td> <td>5'3"</td> <td>101-152</td> <td>6'0"</td> <td>129-190</td> </tr> <tr> <td>5'6"</td> <td>122-175</td> <td>6'3"</td> <td>158-226</td> <td>5'4"</td> <td>104-156</td> <td>6'1"</td> <td>132-196</td> </tr> <tr> <td>5'7"</td> <td>125-181</td> <td>6'4"</td> <td>163-232</td> <td>5'5"</td> <td>107-160</td> <td>6'2"</td> <td>135-202</td> </tr> <tr> <td>5'8"</td> <td>128-185</td> <td>6'5"</td> <td>169-239</td> <td>5'6"</td> <td>109-164</td> <td>6'3"</td> <td>138-208</td> </tr> </tbody> </table>	Male				Female				Height	Weight	Height	Weight	Height	Weight	Height	Weight	5'0"	105-147	5'9"	131-190	4'10"	90-135	5'7"	112-168	5'1"	110-151	5'10"	134-195	4'11"	92-138	5'8"	115-172	5'2"	113-156	5'11"	138-201	5'0"	94-141	5'9"	118-176	5'3"	115-161	6'0"	142-207	5'1"	96-144	5'10"	122-180	5'4"	117-166	6'1"	147-213	5'2"	98-148	5'11"	125-185	5'5"	120-171	6'2"	153-219	5'3"	101-152	6'0"	129-190	5'6"	122-175	6'3"	158-226	5'4"	104-156	6'1"	132-196	5'7"	125-181	6'4"	163-232	5'5"	107-160	6'2"	135-202	5'8"	128-185	6'5"	169-239	5'6"	109-164	6'3"	138-208
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<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are you currently taking any prescription medication other than those used for acute medical conditions such as antibiotics or for those used for non-medical conditions such as birth-control?																																																																																								
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Has it been more than 90 days since you had major medical coverage (group or individual) in force?																																																																																								
<input type="checkbox"/> Under age 40 <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under age 40 <input type="checkbox"/> Yes <input type="checkbox"/> No	8. If age 40 or older, have you had a physical exam by a licensed physician that included an evaluation of your build, blood pressure, and cholesterol in the past 3 years? <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ Physician Name _____ Physician Address _____ Date of Exam </div>																																																																																								

Complete and submit this form with the Madison National Life Insurance, Inc. Application for Insurance.