STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
APPLICATION FOR PREFERRED UNDERWRITING CLASSIFICATION

Complete this Form Only if Applying for the Preferred Health Discount.

INSTRUCTIONS: You may qualify for a Preferred Rating Classification depending on your health history. Any applicants applying for coverage with the intent to obtain a Preferred Rate:

a. Must be the proposed primary insured and/or spouse. Preferred Rates are not available for dependent children;
b. Must be age 18 or older, but not older than age 50;
c. Must not have a condition that would result in a health exclusion rider or premium rate-up; and
d. Must answer "No" to questions 1-7 below. If age 40 or older, must also answer "Yes" to question 8 and provide the requested information.

The following questions must be answered by each person proposed for insurance (Proposed Insured and the Proposed Insured's spouse, if applicable) to determine his or her eligibility for Preferred Rates.

Primary Applicant	Spouse	Question
❒ Yes ❒No	❒ Yes ❒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?
❒ Yes ❒No	❒ Yes ❒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?
❒ Yes ❒No	❒ Yes ❒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?
❒ Yes ❒No	❒ Yes ❒No	4. Have you used tobacco in any form or any nicotine products at any time during the past 2 years?
❒ Yes ❒No	❒ Yes ❒No	5. Are you currently outside the weight range shown on the Build Chart for Preferred Risks?

Male				Female			
Height	Weight	Height	Weight	Height	Weight	Height	Weight
5'0"	105-152	5'9"	131-191	4'10"	90-128	5'7"	112-160
5'1"	110-155	5'10"	134-197	4'11"	92-130	5'8"	115-165
5'2"	113-159	5'11"	138-203	5'0"	94-133	5'9"	118-172
5'3"	115-162	6'0"	142-208	5'1"	96-136	5'10"	122-178
5'4"	117-166	6'1"	147-215	5'2"	98-140	5'11"	125-183
5'5"	120-171	6'2"	153-220	5'3"	101-143	6'0"	129-188
5'6"	122-175	6'3"	158-226	5'4"	104-147	6'1"	132-192
5'7"	125-181	6'4"	163-232	5'5"	107-151	6'2"	135-198
5'8"	128-186	6'5"	169-240	5'6"	109-156	6'3"	138-204

❒ Yes ❒No	❒ Yes ❒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?
❒ Yes ❒No	❒ Yes ❒No	7. Has it been more than 90 days since you had major medical coverage (group or individual) in force?
❒ Under age 40 ❒ Yes ❒No	❒ Under age 40 ❒ Yes ❒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?

_____ Physician Name

_____ Physician Address

_____ Date of Exam

Complete and submit this form with the Standard Security Life Insurance Company Application for Insurance.