

**APPLICATION FOR INSURANCE * UNITED AMERICAN INSURANCE COMPANY
A LEGAL RESERVE STOCK COMPANY * ADMINISTRATIVE OFFICE: MCKINNEY, TEXAS**

CALIFORNIA

IF THE ANSWER TO QUESTION 1 IS "YES" THEN CONTINUE. IF THE ANSWER IS "NO" THE PROPOSED INSURED IS NOT ELIGIBLE FOR COVERAGE.

	CHILD 4 YES/NO	CHILD 5 YES/NO	CHILD 6 YES/NO	CHILD 7 YES/NO	CHILD 8 YES/NO
1. Does each proposed insured have a group Major Medical Policy or other comprehensive health coverage in force(or pending application)? Please list company and policy number and effective date (if available).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. During the past three (3) months, except for minor illness of one (1) week or less or pregnancy, has any illness, injury or health related problem prohibited any proposed insured from working full time at his/her regular occupation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the past five (5) years, has any proposed insured been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. To the best of your knowledge, in the past five (5) years, has any proposed insured ever been diagnosed or treated by a member of the medical profession for:					
a. a disease or disorder of the heart or circulatory system including heart attack or stroke; high blood pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. a disease or disorder of the eye, ear, nose, throat, lung, breast or generative organs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. a disease or disorder of the rectum, kidney, prostate, stomach, intestine, gall bladder, urinary bladder, liver or connective tissue, Lupus, collagen disease, pancreas, pituitary or adrenal gland?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. a disease or disorder of the brain (including retardation, dementia or Alzheimer's), mental or nervous system (including seizures or convulsions), back or spine, paralysis or arthritis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. cancer, tumor, diabetes, anemia or spleen disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. had his/her driver's license suspended or revoked because of a moving violation or been arrested for driving under the influence of alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. used or received treatment or consultation for heroin, cocaine or other similar agent or narcotic drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. To the best of your knowledge, in the past five (5) years, has any proposed insured ever been diagnosed or treated by a member of the medical profession or had any treatment or operations or medical tests or surgery that has not yet been performed, or is awaiting medical test results?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. To the best of your knowledge, in the past five (5) years, has any proposed insured ever been diagnosed or treated by a member of the medical profession for:					
a. Had a cesarean section, miscarriage or serious complications of a previous pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Been hospitalized 3 or more times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Has any Proposed Insured flown as other than a passenger on a scheduled airline or participated in skin, scuba, or sky diving, parachuting, ballooning, hang gliding, bungee jumping or organized speed contests?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Does any proposed insured have any existing (or pending application for) health insurance? If yes, List coverage type _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Will the insurance being applied for replace or change any existing health insurance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If any proposed insured answered "Yes" to any of questions 4 - 7, provide details below for each "Yes" answer.

* In column below list "C4" for Child 4, "C5" for Child 5, "C6" for Child 6, "C7" for Child 7 and "C8" for Child 8.

*	Dates	Illness/Injury	Operation?	Name/Address/Telephone of Doctors & Hospitals	Complete Recovery?