OXFORD LIFE INSURANCE COMPANY®

ASSURANCE, ASSURANCE ONE, & PROSPERITY SELECT PRE-QUALIFICATION QUESTIONNAIRE

This pre-qualification questionnaire will help to determine eligibility status for Oxford Life's life insurance plans. All questions must be answered accurately. If any question is answered yes, the applicant is not eligible for insurance. If all questions have been answered "No", proceed to the "Life E-Application" link in the mobile office app or your agent portal at www.oxfordlife.com. A prescription drug assessment will be submitted prior to receiving a final qualified or declined decision.

1.	**At this time, is the proposed insured:**	
a.	Hospitalized, in a nursing facility, receiving home health care, or receiving hospice care on advice of the medical profession?	☐ YES ☐ NO
b.	Bedridden, confined to a wheelchair, or using oxygen equipment to assist in breathing?	☐ YES ☐ NO
c.	Receiving dialysis or been recommended for dialysis by a licensed member of the medical profession?	☐ YES ☐ NO
d.	Requiring daily catheterization to urinate?	☐ YES ☐ NO
e.	Requiring human assistance or supervision with any daily activities: eating, dressing, toileting, bathing, transferring from bed to chair, walking, or maintaining continence?	☐ YES ☐ NO
f.	Diagnosed as having a terminal illness (an illness that would reasonably be expected to cause death within 12 months), or being treated for a diagnosis of having a terminal illness by a licensed member of the medical profession?	☐ YES ☐ NO
g.	An organ/tissue transplant recipient as a result of a diagnosis or treatment by a licensed member of the medical profession or within the last 5 years been advised by a licensed member of the medical profession to have an organ/tissue transplant which was not completed?	☐ YES ☐ NO
h.	Receiving treatment or been diagnosed by a licensed member of the medical profession for a recurring cancer (except basal or squamous cell skin cancer)?	☐ YES ☐ NO
2.	**Have you been diagnosed by a licensed member of the medical profession or tested positive for human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS)?**	☐ YES ☐ NO
3.	**Have you been diagnosed or received treatment by a licensed member of the medical profession for congestive heart failure (CHF), cardiomyopathy, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, dementia, systemic lupuserythematosus (SLE), or multiple sclerosis (MS)?**	☐ YES ☐ NO
4.	**In the last 5 years have you:**	
a.	Been advised to receive or received treatment or counseling by a member of the medical profession to limit or discontinuethe use of alcohol, non-prescribed or prescribed drugs, or have you participated in a support group for alcohol or drugs?	☐ YES ☐ NO
b.	Used or tested positive for: barbiturates, amphetamines, hallucinogens, cocaine, heroin, or other habit-forming drugs, exceptas prescribed by a physician?	☐ YES ☐ NO
c.	Been convicted of operating a vehicle while impaired or under the influence of alcohol or any drugs, or had your driver'slicense suspended or revoked as a result of?	☐ YES ☐ NO
d.	Been convicted or plead guilty to a felony, currently on parole or probation?	☐ YES ☐ NO
5.	**In the past 3 years, have you been hospitalized, diagnosed, treated by a member of the medical profession for, or takenmedication(s) for:**	
a.	Juvenile diabetes, insulin shock, diabetic coma, diabetic neuropathy, had an amputation caused by diabetes, or diabetes withany kidney insufficiency?	☐ YES ☐ NO
b.	Chronic kidney disease (CKD), renal failure, renal insufficiency, end-stage renal disease (ESRD), or any other chronicdisease of the kidney or bladder?	☐ YES ☐ NO
c.	Cognitive impairment/memory loss, schizophrenia, attempted suicide, bipolar disorder, mental incapacity, or beeninstitutionalized for mental disorder? Receiving dialysis or been recommended for dialysis by a licensed member of the medical profession?	☐ YES ☐ NO
d.	Stroke, transient ischemic attack (TIA), mini stroke, Huntington's disease, cerebral palsy, Parkinson's disease, chronictremors of unknown etiology, or paralysis of two or more extremities?	☐ YES ☐ NO
e.	Respiratory failure, cystic fibrosis, pulmonary fibrosis, chronic obstructive pulmonary disease (COPD), emphysema,pulmonary hypertension, bronchiectasis, chronic bronchitis, chronic pulmonary embolism, or any other chronic pulmonarydisorder?	☐ YES ☐ NO
f.	Cirrhosis of liver, chronic hepatitis, hepatitis C, esophageal varices, or any disease of the liver?	☐ YES ☐ NO
g.	Heart attack, heart surgeries, including: open heart, bypass, valve replacement, angioplasty/stent, implantation of pacemaker;chronic angina, malignant hypertension, coronary artery disease (CAD), or any surgery/procedure to improve circulation?	☐ YES ☐ NO
6.	**In the past 2 years, have you ever been hospitalized, diagnosed, or treated by a member of the medical profession for: internalcancer, leukemia, malignant melanoma, Hodgkin's disease, multiple myeloma, lymphoma, more than one occurrence of cancer,OR ANY METASTASIS OF ANY CANCER IN YOUR LIFETIME (except basal or squamous cell skin cancer)?**	☐ YES ☐ NO
7.	**In the past 12 months, have you had or been recommended to have diagnostic testing (except those relating to HIV andexcluding those done for routine screening or orthopedic/bone or joint evaluation), received or been recommended to receivetreatment by a licensed member of the medical profession, or any other procedure which has not been done or for which theresults are not known?**	☐ YES ☐ NO
8.	**In the past 2 years, have you been declined or postponed for life or health insurance?**	☐ YES ☐ NO