



Preferred Rating Guidelines/Questionnaire

Guidelines – In order to be eligible to apply for *Preferred Rates*, the persons proposed for insurance (Proposed Insured and/or Proposed Insured’s Spouse):

- a. must be age 18 or older, but not older than age 60;
- b. must not have a health exclusion rider or health rate-up added; and
- c. must answer **“No”** to questions **1- 6** noted below.

Questionnaire – 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*.

	<u>Proposed Insured</u>	<u>Proposed Insured’s Spouse</u>		
1. Have you had a blood pressure reading in excess of 140/90 (more than 140 systolic and/or more than 90 diastolic) or 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 had total cholesterol readings above 220 or 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has it been more than 90 days since you had health coverage (group or individual) in force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Information that we gather during the application process about medical conditions, avocations, or medications you are taking **may** keep you from qualifying for preferred rates.

I understand and agree that this Questionnaire is a part of the application for health/medical insurance coverage with World Insurance Company.

Printed Name of the Proposed Insured

Signature of Proposed Insured

Date

Printed Name of the Spouse

Signature of Spouse

Date

Signature of Licensed Agent

Date

Agent Number



Build Chart for Preferred Risks

Male		Female	
<u>Height</u>	<u>Weight</u>	<u>Height</u>	<u>Weight</u>
5'0"	98-152	4'10"	90-138
5'1"	101-155	4'11"	92-140
5'2"	103-159	5'0"	94-143
5'3"	105-162	5'1"	96-146
5'4"	107-166	5'2"	98-150
5'5"	110-171	5'3"	101-153
5'6"	112-175	5'4"	104-158
5'7"	115-181	5'5"	107-163
5'8"	118-186	5'6"	109-168
5'9"	121-191	5'7"	112-173
5'10"	124-197	5'8"	115-178
5'11"	126-203	5'9"	117-185
6'0"	129-208	5'10"	119-192
6'1"	132-215	5'11"	122-197
6'2"	135-220	6'0"	123-202
6'3"	139-226	6'1"	126-207
6'4"	143-232	6'2"	130-213
6'5"	146-240	6'3"	134-219