

PREPARATION GUIDE FOR



Your Phone Interview and Medical Exam.

WHAT YOU NEED TO KNOW, HAVE, AND DO.



All information gathered during the interview and exam is confidential and will be shared only with those who need it in order to determine your eligibility for life insurance and your rates.

Insurance is issued by The Prudential Insurance Company of America, Newark, NJ, and its affiliates.

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This brochure will help you prepare for your upcoming phone interview and, if needed, your medical exam. The phone interview allows us to gather your health-related information and your family's medical history. The interviewer may also ask for information that is non health-related, such as family insurance, income and net worth, and employment history. The medical exam provides us with current information about your current health.

Once your interview and medical exam are completed, your application will go through underwriting. Underwriting, a term used frequently in the insurance industry, is an evaluation of your current health, medical history, family medical history, and lifestyle. Our underwriters then establish your eligibility for life insurance and make sure you get the best possible premium price.

STEP ONE YOUR TELEPHONE INTERVIEW: WHAT YOU NEED TO HAVE READY

Within 48 hours of completing the initial application, we will contact you directly for your phone interview. If you are not available when we call, your phone interview can be scheduled for another time. During the call, the interviewer will ask you to verify your identity and to provide information that you should have ready in advance. The call will take about 20 minutes.

To help you prepare for this telephone interview, we have enclosed a page outlining many of the questions you can expect to be asked during the call. Before the call, be sure to familiarize yourself with the questions on page 3 and 4 and record the needed information where space is provided. The more information you have ready, the more quickly the call can be completed. The information you provide is held in strict confidence, so please answer each question completely.

**If you need to reach the telephone interviewer, please call:
1-800-788-4243.**

Record your policy number below, and have it ready when calling:

STEP TWO YOUR MEDICAL EXAM: WHAT YOU NEED TO KNOW

If a medical exam is needed, we will contact you to arrange a convenient date and time. The exam may be conducted by a paramedical examiner in your home or office, or by a doctor at his or her office. The exam will generally take between 20 and 30 minutes. Your exam may include the following:

- ▶ Height and weight measurements.
- ▶ Blood pressure reading.
- ▶ Collection of blood and urine samples.
- ▶ Electrocardiogram.
- ▶ Senior Assessment at ages 71 and older (cognitive function, mobility, and frailty).
- ▶ Other tests or procedures.



TIPS FOR YOUR MEDICAL EXAM

To get the best results, here are some suggestions:

- ▶ Be as relaxed and well-rested as possible.
- ▶ Take any medications you normally take.
- ▶ Do not drink alcohol at least eight hours before your exam.
- ▶ Do not smoke or chew tobacco for at least one hour prior to your exam.
- ▶ Avoid caffeine (including coffee, tea, and caffeinated soft drinks) for at least one hour prior to your exam.
- ▶ Limit salt intake and high cholesterol foods 24 hours before your exam.
- ▶ Do not engage in strenuous exercise 24 hours before your exam.
- ▶ Drink a glass of water approximately one hour before your exam.
- ▶ If fasting is required for your blood test, be sure to follow the directions given to you.

QUESTIONS YOU MAY BE ASKED WHEN APPLYING FOR LIFE INSURANCE

INSURANCE HISTORY

- ▶ Will this insurance replace any existing insurance or annuity?
- ▶ Are you applying for or reinstating life insurance with any company?
- ▶ Have you had life or health insurance declined, postponed, rated, or issued with an increased premium?
- ▶ We understand that you will not be using values from another existing life insurance policy or annuity contract to help pay the initial or future premiums on this new policy. This means that you will make payments from out-of-pocket funds. Is that correct?

NON-MEDICAL

- ▶ In the past five years, have you flown as a pilot, student pilot, or crew member, or do you intend to become a pilot?
- ▶ In the past five years, have you participated in any activities such as motorized vehicle racing, SCUBA diving, mountain climbing, skydiving, or extreme sports such as BASE jumping, bungee jumping, or cave exploration? If not, do you intend to?
- ▶ In the past five years, have you:
 1. Had your driver's license denied, suspended, or revoked?
 2. Been convicted of or pled guilty to driving under the influence of alcohol and/or drugs?
 3. Been convicted of or pled guilty to any moving violations?
- ▶ Within the past 10 years, have you been arrested, convicted, or imprisoned for any crime and/or are you currently awaiting trial for any crime?
- ▶ Do you plan to live or travel outside the United States within the next 12 months?
- ▶ Have you ever used tobacco or other nicotine products such as cigarettes, cigars, pipe, chewing tobacco, snuff, nicotine gum, or nicotine patch?

FAMILY HISTORY

- ▶ Have any immediate family members (mother, father, brother, sister) been diagnosed with or died from coronary artery disease, cerebrovascular disease, diabetes, or cancer before age 70?
- ▶ What is your father's current age or age at death?
- ▶ What is your mother's current age or age at death?

OTHER

Depending on your situation and the type of coverage for which you are applying, you may be asked additional questions about your:

- ▶ Children.
- ▶ Family insurance.
- ▶ Income and net worth.
- ▶ Employment history.

PERSONAL PHYSICIAN INFORMATION

Physician Name:

Clinic Name:

Full Address:

Phone:

Date of Last Visit:

Reason for Last Visit:

MEDICAL INFORMATION

- ▶ Has a member of the medical profession ever treated you for or diagnosed you with:
 1. High blood pressure, chest pain, heart attack, coronary artery disease, heart valve disorder, heart murmur, irregular heart beat, cerebrovascular disease, stroke, circulatory disease, aneurysm, or any disease of the heart or blood vessels?
 2. Anemia or other abnormality of the blood (other than HIV)?
 3. A polyp, cyst, tumor, cancer, leukemia, melanoma, lymphoma, or Hodgkin's disease?
 4. Diabetes, high blood sugar, glucose intolerance, or other endocrine disorder?
 5. Anxiety, depression, or any other mental or psychiatric illness?
 6. An infection caused by the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or any other sexually transmitted disease?
 7. Asthma, emphysema, cystic fibrosis, sleep apnea, sarcoidosis, tuberculosis, or any other disorder of the lungs or respiratory system?
 8. A seizure, epilepsy, multiple sclerosis, Parkinson's disease, muscular dystrophy, cerebral palsy, paralysis, Alzheimer's disease, or any other disorder of the brain or nervous system?
 9. An ulcer, hepatitis, cirrhosis, pancreatitis, ulcerative colitis, Crohn's disease, or any other disorder of the esophagus, liver, stomach, or intestines?
 10. Nephritis, polycystic kidney disease, or any other disorder of the bladder, kidney, urinary tract, or prostate?
 11. Arthritis, gout, back trouble, or any disease or disorder of the joints, muscles, or bones?
 12. Lupus, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or any other disease or disorder of the autoimmune system?

Continued on next page.

MEDICAL INFORMATION (continued)

- ▶ Have you ever used:
 1. Cocaine, crack, marijuana, heroin, Ecstasy, PCP, LSD, methamphetamine, or any other hallucinogenic drug or controlled substance?
 2. Amphetamines, barbiturates, sedatives, opiates, or methadone, or controlled substance except as prescribed by a physician?
- ▶ Have you had or been advised to have treatment or counseling for alcohol or drug use or been asked to reduce or eliminate their usage?
- ▶ Other than what has already been disclosed, within the past five years, have you:
 1. Requested or received disability or compensation benefits?
 2. Been a patient in a hospital or other medical facility, other than for normal childbirth?
 3. Had any other disease, disorder, or condition?
 4. Been advised to have surgery, medical tests, or diagnostic procedures (other than for HIV)?
- ▶ Are you currently receiving medical treatment or taking any other medication or herbal supplement that has not already been disclosed?

IF YOUR RESPONSE IS “YES” TO ANY OF THE QUESTIONS IN THE MEDICAL INFORMATION SECTION FROM THE PREVIOUS PAGE:

Please provide additional information, including diagnosis, date of onset and recovery, medication/treatment prescribed, and the name, address, and telephone number of all attending physicians and hospitals.

MEDICAL CONDITION	DATE OF ONSET	DATE OF RECOVERY	MEDICATION/TREATMENT PRESCRIBED	PHYSICIAN/HOSPITAL NAME ADDRESS AND PHONE NUMBER