

## Preferred Rating Guidelines/Questionnaire

**Guidelines** - To be eligible for Preferred Rates, the proposed insured and/or proposed insured spouse:

- (a.) must be between the ages of 18 and 60;
- (b.) must not have an added health exclusion rider or health rate-up;
- (c.) must fall within the applicable height/weight table; and
- (d.) must answer "No" to questions 1-5 listed below.

Note: Information that is compiled during the application process concerning medical conditions, occupations, or medications you are taking may keep you from becoming eligible for preferred rates.

**Questionnaire** - The questions below must be answered by each proposed insured to determine his or her eligibility for Preferred Rates.

	Proposed Insured		Proposed Insured's Spouse	
1. Have you had a blood pressure reading that exceeded 140/90 (greater than 140 systolic and/or greater 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 that exceeded 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 DUI or DWI convictions or 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. 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
5. If you are over age 50, have you gone more than 2 years since your last physical exam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand and agree that this questionnaire is part of the application for health insurance coverage with American Republic Insurance Company.

\_\_\_\_\_  
Signature of the Proposed Insured                      Date

\_\_\_\_\_  
Signature of the Spouse    Date

\_\_\_\_\_  
Signature of the Licensed Agent                      Date

\_\_\_\_\_  
Agent Number

## Build Chart for Preferred Risks

Male		Female	
Height	Weight	Height	Weight
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