



Complete this questionnaire to determine eligibility for the Preferred or Preferred Smoker rating classes. This questionnaire is part of the Application/Enrollment Form for medical insurance made to Time Insurance Company by _____

Primary Proposed Insured's Name

If a proposed insured meets any of the following conditions, that proposed insured is not eligible for a preferred rating:*

- Condition Specific Deductible (C-section, hazardous activities, hearing loss, inguinal and umbilical hernias, infertility and fractures may still qualify for preferred)
- Special Class Premium

*Note: A proposed insured may be eligible for a Preferred Smoker rating if he or she is able to truthfully answer questions 2, 3 and 4 "No." Underwriting reserves the right to apply tobacco ratings based upon lab results, phone verification or medical records.

Each proposed insured must complete and sign the appropriate sections. Spouses are considered separately for preferred rating eligibility and must also answer this questionnaire. This information is not required for dependents.

Table with 2 columns: PRIMARY, SPOUSE. Rows 1-9 containing eligibility questions with Yes/No checkboxes.

Primary Proposed Insured Signature Date

Spouse or Other Insured Signature Date

Driver's License Number

Driver's License Number

Licensed Agent Signature Date

Agent Number

BUILD CHART

Male		Female	
Height (ft, in)	Weight (lbs)	Height (ft, in)	Weight (lbs)
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