



Complete this questionnaire to determine eligibility for the Preferred or Preferred Smoker rating classes. This questionnaire is part of the Application/Enrollment Form for John Alden Health Plans for Individuals and Families for \_\_\_\_\_ Primary Proposed Insured's Name

If a proposed insured meets the following condition, that proposed insured is not eligible for a preferred rating:\*

- 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 3 columns: Question, PRIMARY, SPOUSE. Contains 9 questions regarding tobacco use, smoking habits, weight, blood pressure, cholesterol, DUI, and physical exams.

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