



DO YOU LEAD A HEALTHY LIFESTYLE?

YOU MAY QUALIFY FOR A PREFERRED RATING.

Complete this questionnaire to determine eligibility for the Preferred Rating class:

	<u>SUBSCRIBER</u>		<u>SPOUSE</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
1. Have you used tobacco products at any time during the past 3 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are you currently inside the weight range listed in the build chart on this form?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you had any convictions for DUI, or more than 1 moving violation including speeding ticket within the past 2 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have your blood pressure readings been in excess of 140/80 in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have your total cholesterol readings been above 220 and/or have you been treated for elevated cholesterol or triglycerides within the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. If you are age 55+, have you had a full physical within the past 3 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you currently have health insurance coverage, or have you had coverage within the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\_\_\_\_\_  
SUBSCRIBER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE SIGNATURE

\_\_\_\_\_  
DATE

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand Medical Mutual will rely on these statements when determining the premium rate charged. Subject to underwriting approval. Not a guarantee of coverage.

## MALE

HEIGHT	WEIGHT (no greater than)
5'0	141
5'1	143
5'2	145
5'3	148
5'4	151
5'5	155
5'6	159
5'7	163
5'8	167
5'9	171
5'10	175
5'11	179
6'0	183
6'1	187
6'2	192
6'3	197
6'4	202
6'5	207
6'6	212
6'7	217
6'8	222

## FEMALE

HEIGHT	WEIGHT (no greater than)
4'8	124
4'9	127
4'10	130
4'11	133
5'0	136
5'1	138
5'2	140
5'3	143
5'4	146
5'5	150
5'6	154
5'7	158
5'8	162
5'9	166
5'10	170
5'11	174
6'0	178
6'1	182
6'2	187
6'3	192
6'4	197

