

This application supplement is attached to and made part of the application for insurance. In this application supplement, "you" and "your" mean the proposed insured.

Proposed Insured	Birth Date
------------------	------------

1. In the last 10 years have you been diagnosed as having, been treated for, or been given advice by a medical or mental health professional for any mental, emotional, behavioral or psychological disorder? Yes No
 If Yes, please check all that apply and provide dates.

Diagnosis	Date of first appointment or consultation	Date of last appointment or consultation
<input type="checkbox"/> Depression or Depressive Disorders		
<input type="checkbox"/> Anxiety or Anxiety Disorders		
<input type="checkbox"/> Adjustment Disorder		
<input type="checkbox"/> Nervousness or Stress		
<input type="checkbox"/> Obsessive-Compulsive Disorder		
<input type="checkbox"/> Attention Deficit Disorder (ADD)		
<input type="checkbox"/> Post-traumatic Stress Disorder (PTSD)		
<input type="checkbox"/> Bulimia or Anorexia Nervosa		
<input type="checkbox"/> Personality Disorders		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		

For any condition checked in question 1 above, please complete numbers 2 through 4. Use Number 5, Remarks, if you need more space.

2. Has treatment included counseling or therapy? Yes No
 Names and addresses of physicians, therapists or counselors:

3. Has treatment included the use of prescription medications? Yes No
 If Yes, please complete the following:

Name of Medication	Dosage and Frequency	Date First Used	Date Last Used

Name and address of prescribing therapist or medical professional, if other than as named in question 2 above:

4. In the last 180 days, have you missed more than four consecutive work days for any of the above conditions?..... Yes No
If Yes, please provide dates and details:

5. **Remarks.** (Use this space for any additional information or details regarding any of the above questions.)

I Represent That: All answers in this application supplement are true and complete to the best of my knowledge and belief; and they are correctly recorded; and any and all answers I have provided to any representative of The Standard are recorded in this application.

NOTE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Proposed Insured

Signed at _____ on _____
City, State Date