Dearborn National®

Underwritten by Fort Dearborn Life Insurance Company®

Employee/Retired Employee Name_____ SSN or Benefits ID _____

Additional explanation of "Yes" answers in Section D - Please provide details of "Yes" answers below and please remember to sign and date it.

Q#	Person	Medical Condition	Dates From / To	Hospitalized Yes / No	Surgery Yes / No	Treatment / Medication	Current Medication / Remaining Problems	Names and Addresses of Physicians and Hospitals

X_____ _____ (____)_____ (____)_____

Signature of Employee/Retired Employee **Date Signed** **Daytime Phone** **Evening Phone**

X_____ _____ (____)_____ (____)_____

Signature of Spouse (if requesting insurance) **Date Signed** **Daytime Phone** **Evening Phone**

***Remember*: You must complete this application in its entirety to be considered for coverage. Return this application to: Dearborn National◆Administrative Offices, Attn: Medical Underwriting Dept.◆P.O. Box 655403◆Dallas, Texas 75265-5403**

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Fort Dearborn Life Insurance Company® (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.