SARCOIDOSIS QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
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<td>Agent:</td>
<td>Phone:</td>
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Proposed Insured Name: ___________________________  □ M  □ F  Date of Birth: ____________________
Face Amount: ___________________________ Max. Premium: $________/year  □ UL  □ WL  □ Term  □ Survivorship
Do you currently smoke cigarettes?  □ Y  □ N  If no, did you ever smoke:  □ Never  □ Quit (Date): ____________________
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...):  □ Y  □ N
If Yes, please provide details: ____________________
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: ____________________

(1) Date of initial diagnosis: ________  How was the sarcoidosis diagnosed (e.g. by x-ray)? ____________________

(2) Was the condition staged? If yes, please check the appropriate stage:  □ Stage I  □ Stage II  □ Stage III

(3) Describe current symptoms, if any: __________________________________________

(4) Was there (is there) any treatment for the condition? If yes, describe: ____________________

Date of last treatment: ____________________

(5) Has there been any organ involvement?  □ No  □ Yes; please check all that were (are) affected:

□ Lung  □ Lymph Nodes  □ Kidney  □ Eyes  □ Heart  □ Liver  □ Central Nervous System

□ Other: ____________________

(6) Has there ever been a recurrence?  □ No  □ Yes; list approximate dates of any recurrent episodes:

____________________

(7) Please provide the results of the most recent pulmonary function tests, if available:  FVC ________  FEV1 _______

(8) Are there any other medical conditions or factors that may be relevant to assessment of the insurability of the individual? If yes:

__________________________________________________________

__________________________________________________________

__________________________________________________________

(9) Does the proposed insured take any medications or have any been taken in the past to treat the sarcoidosis? If yes, please list:

<table>
<thead>
<tr>
<th>Name of Medication (Prescription or Otherwise)</th>
<th>Dates used</th>
<th>Quantity Taken</th>
<th>Frequency Taken</th>
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