



Good Health Statement and Insurability Supplement

Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company:** PO Box 21008, Greensboro, NC 27420-1008
- Lincoln Life & Annuity Company of New York:** PO Box 21008, Greensboro, NC 27420-1008
- First Penn-Pacific Life Insurance Company:** PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as the "Company")

Proposed Insured Name: (First) _____ / _____ / _____ (Last) _____ (Suffix) _____

Date of Birth (mm/dd/yyyy): _____ / _____ / _____

If any question below is answered "Yes," you must provide details in Number 4, and no representative of the Company is authorized to deliver the Policy or collect any premium without prior approval from the underwriter at the Company.

1. Since the date of your signed application and/or completed telephonic or electronic application that is made a part of the Policy:	Proposed Insured
a. Has an application for life, long-term care, health or disability insurance been taken on your life with any other insurance company or has any life, long-term care, health or disability insurance on your life been reinstated, declined, postponed or modified?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Have you participated in any previously un-admitted activities including; aviation; underwater diving; mountain climbing; aerial sports; auto, motorcycle or boat racing; heli-skiing; rodeo sports; equine sports; BASE jumping or wingsuit flying; canyoning; highlining/tricklining; Parkour or Rooftopping; Speedflying; boxing, kickboxing, Muay Thai or MMA/Cage Fighting?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Have you been convicted of, or are you awaiting trial for, a motor vehicle violation or a criminal offense?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Except for HIV, within the past five years, have you received any treatment for any illness or injury, been examined by or consulted with a licensed medical professional, been advised by a licensed medical professional to seek treatment, or made any appointment for a visit with a licensed medical professional for any reason not previously stated in the application?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Since the date of your most recent medical evidence submitted to the Company, have you had any change that would cause any answers and statements in the Application for Individual Life Insurance – Part I, Medical Supplement (Part II) and any additional supplements to be different from those given when you completed those forms?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <u>Question #</u> <u>Details</u> <i>(Excluding details of treatment for HIV/AIDS/ARC. If more space is needed, use the Continuation of Details Supplement.)</i>	

The Undersigned declares that:

I agree that this Good Health Statement and Insurability Supplement will be considered an amendment and/or supplement to my application. I have read, or have had read to me, the completed Good Health Statement and Insurability Supplement before signing below. All statements and answers in this Good Health Statement and Insurability Supplement are correctly recorded, and are full, complete and true to the best of my knowledge and belief.

Caution: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind coverage under the Policy and any riders attached to it. This right is subject to the contestability provision in the Policy or is good for a period of time no greater than 2 years.

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Signed in: _____ / _____ / _____
(City) (State) Date (mm/dd/yyyy)

Signature of Proposed Insured
(Parent or Guardian if under 15 years of age)

Signature of Licensed Agent, Broker or Registered Representative

Printed Name of Licensed Agent, Broker or Registered Representative