

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
 Evidence of Insurability-Fortis Life Insurance Group Policy No. G 25,793

Please personally answer the following questions. **Be sure to explain all "yes" answers AND provide the names and addresses of treating physicians** in the space following each question. *The file will not be reviewed without complete information.* **DO NOT REPORT** the results of routine physicals which indicate that you are in good health.

Applicant Height _____ Weight _____

		Yes	No
◆ Have you had any weight changes during the past year? If "yes" indicate amount of weight gained or lost:			
◆ Have you in the past five years received treatment, surgery, observation, or consultation by a physician, surgeon, or other practitioner (including psychologist, counselor, dentist, etc.) in any clinic, hospital, sanitarium, health resort or any other health related facility; or do you contemplate such? If "yes" please explain:			
◆ Are you currently taking any medication prescribed by a physician, surgeon or other practitioner (including psychologist, counselor, dentist, etc.)? If "yes" please explain:			
◆ Have you ever had or been treated for any of the following: AIDS within the past five years, arthritis, asthma, albumin or sugar in urine, cancer, depression, diabetes, drug or alcohol use, emphysema, heart disease, high blood pressure, kidney problems, lung disease, mental or nervous disorder, stroke, tuberculosis, ulcers, tumors, abnormal x-rays, psychological counseling? If "yes" please explain:			
◆ Have you ever been declined, postponed or rated up for life, disability or health insurance? If "yes" please explain:			
◆ Are you currently pregnant?			
◆ Have you used any tobacco products in the last twelve months? (If yes, indicate type and amount.)			

The undersigned represents that the foregoing statements are true and complete, and that every occasion and instance as to each item answered "yes" has been disclosed.

Date

Signature of Applicant

Print Name

Campus Address with Phone Number