

**Daily Activities  
Questionnaire**

*American United Life Insurance Company\**  
*a OneAmerica® financial partner*  
 One American Square, P.O. Box 5003  
 Indianapolis, IN 46206-6003

*Pioneer Mutual Life Insurance Co.*  
*A stock subsidiary of American United  
 Mutual Insurance Holding Company*  
*a OneAmerica® financial partner*  
 101 North 10th Street  
 Fargo, ND 58108



Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Do you engage in any type of exercise?  Yes  No  
 If yes, please describe (What kind? Where? How frequently?) \_\_\_\_\_
2. Do you pursue any hobbies or other activities?  Yes  No  
 If yes, please describe (What? How frequently?) \_\_\_\_\_
3. Do you work as a volunteer?  Yes  No  
 If yes, please describe (What? How frequently?) \_\_\_\_\_
4. Have you fallen or been judged injured in the past three years?  Yes  No  
 If yes, please give details: \_\_\_\_\_
5. In case of emergency, is there someone else in the household?  Yes  No  
 If yes, please give details: \_\_\_\_\_
6. When did you last drive an automobile? \_\_\_\_\_  
 In the past five years, have you had any driving violations or accidents?  Yes  No  
 If yes, please give details: \_\_\_\_\_
7. Do you require assistance to perform daily living activities such as bathing, dressing,  
 driving, shopping, walking or getting up and down?  Yes  No  
 If yes, please give details: \_\_\_\_\_
8. Do you have a pet?  Yes  No What kind? \_\_\_\_\_
9. Do you ever use a cane, walker or wheelchair?  Yes  No  
 If yes, what do you use and how often? \_\_\_\_\_
10. Do you manage your own finances?  Yes  No

I hereby represent that all of the above statements and answers to all of the above questions are complete and true, and I agree that they shall form part of the application and become part of any contract of insurance issued based on such application.

Signed at \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_  
City State Day Month Year

\_\_\_\_\_  
Witness Signature of Proposed Insured