Sample Health questions
(for illustration only)

Answer these questions **only if you're applying for underwritten coverage**. Do not answer these questions for an Open Enrollment or Guaranteed Issue application. If any health questions are answered "yes" in section 4, the applicant(s) will not qualify for this insurance with us.

	Applicant: A	Applicant: B
1. Are you dependent on a wheelchair or any motorized mobility device?	☐ Yes ☐ No	☐ Yes ☐ No
2. Do any of the following apply to you?		
Currently hospitalized, confined to a bed, in a nursing facility or assisted living facility, receiving home health care or physical therapy	☐ Yes ☐ No	☐ Yes ☐ No
3. At any time, have you been medically diagnosed, treated, or had surgery for any of the following?		
A. congestive heart failure, unoperated aneurysm, defibrillator	☐ Yes ☐ No	☐ Yes ☐ No
B. leukemia, lymphoma, multiple myeloma, cirrhosis	☐ Yes ☐ No	☐ Yes ☐ No
C. Parkinson's Disease, Lou Gehrig's Disease, Alzheimer's Disease, dementia multiple sclerosis, muscular dystrophy, cerebral palsy	☐ Yes ☐ No	☐ Yes ☐ No
D. chronic kidney disease, kidney failure, kidney disease requiring dialysis, renal insufficiency, Addison's Disease	☐ Yes ☐ No	☐ Yes ☐ No
E. any condition requiring a bone marrow transplant or stem cell transplant, any condition requiring an organ transplant	☐ Yes ☐ No	☐ Yes ☐ No
F. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), had a positive result on a test for the Human Immunodeficiency Virus (HIV)	☐ Yes ☐ No	☐ Yes ☐ No
4. Have you been medically diagnosed or treated by a member of the medical profession for diabetes?		
A. that requires use of insulin	☐ Yes ☐ No	☐ Yes ☐ No
B. with complications including retinopathy, neuropathy, peripheral vascular or arterial disease or heart artery blockage	☐ Yes ☐ No	☐ Yes ☐ No
C. with history of heart attack or stroke (at any time)	☐ Yes ☐ No	☐ Yes ☐ No
D. treated with medication that has been changed or adjusted in the past 12 months because of uncontrolled blood sugar	☐ Yes ☐ No	☐ Yes ☐ No
5. Within the past 36 months, have you been medically diagnosed, treated, or had surgery for any of the following?		
A. alcoholism, drug abuse	☐ Yes ☐ No	☐ Yes ☐ No
B. cardiomyopathy, atrial fibrillation, anemia requiring repeated blood transfusions, any other blood disorder	☐ Yes ☐ No	☐ Yes ☐ No
C. internal cancer, melanoma, Hodgkin's Disease	☐ Yes ☐ No	☐ Yes ☐ No
D. hepatitis, disorder of the pancreas	☐ Yes ☐ No	☐ Yes ☐ No

Sample Health questions *continued*

	Applicant: A	Applicant: B
6. Within the past 24 months, have you been medically diagnosed, treated, or had surgery for any of the following?		
A. enlarged heart, transient ischemic attack (TIA), stroke, peripheral vascular or arterial disease, neuropathy, amputation caused by disease	☐ Yes ☐ No	☐ Yes ☐ No
B. myasthenia gravis, systemic lupus or connective tissue disorder	☐ Yes ☐ No	☐ Yes ☐ No
C. osteoporosis with fractures, Paget's Disease, arthritis that restricts mobility or the activities of daily living	☐ Yes ☐ No	☐ Yes ☐ No
D. any lung or respiratory disorder requiring the use of a nebulizer or oxygen, or 3 or more medications for lung or respiratory disorder	☐ Yes ☐ No	☐ Yes ☐ No
E. any lung or respiratory disorder and currently use tobacco products	☐ Yes ☐ No	☐ Yes ☐ No
7. Within the past 12 months, have you been advised by a medical professional to have treatment, further evaluation, diagnostic testing, or surgery that has not been performed or do you have pending test results?	☐ Yes ☐ No	☐ Yes ☐ No
8. Within the past 12 months, have you been medically diagnosed or, treated, or had surgery for a heart attack, artery blockage, or heart valve disorder?	☐ Yes ☐ No	☐ Yes ☐ No
9. Within the past 12 months, have you been medically diagnosed with wet macular degeneration and have taken or are currently receiving injections?	☐ Yes ☐ No	☐ Yes ☐ No
10. Within the past 12 months, do any of the following apply to you?		
A. had a pacemaker implanted	☐ Yes ☐ No	☐ Yes ☐ No
B. had a PSA blood test greater than 4.5, under age 70, with no history of prostate cancer	☐ Yes ☐ No	☐ Yes ☐ No
C. had a PSA blood test greater than 6.5, age 70 or older, with no history of prostate cancer	☐ Yes ☐ No	☐ Yes ☐ No
D. had a seizure	☐ Yes ☐ No	☐ Yes ☐ No
11. Was your last blood pressure reading higher than 175 systolic or higher than 100 diastolic?	☐ Yes ☐ No	☐ Yes ☐ No
Systolic is the upper number and diastolic is the bottom number of a blood pressure reading.		
12. Have you used any form of tobacco in the past 12 months? (Including vaping and e-cigarettes)	☐ Yes ☐ No	☐ Yes ☐ No
Answering "yes" to question 12 will not disqualify you for this insurance.		

13.

Applicant A		**Applicant B**	
Height *(feet and inches)*	**Weight** *(pounds)*	**Height** *(feet and inches)*	**Weight** *(pounds)*
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