

**HEALTH QUESTIONS**

| If the answer to questions 1-7 is "YES" then that applicant is <u>NOT</u> eligible for coverage.   | Applicant YES/NO | Spouse YES/NO | Child 1 YES/NO | Child 2 YES/NO | Child 3 YES/NO | Child 4 YES/NO | Child 5 YES/NO | Child 6 YES/NO |
|--|------------------|---------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 1. Within the past (2) years, except for minor illness of (1) week or less or pregnancy, has any illness or health related problem prohibited any proposed applicant from working full time at his/her regular occupation or performing the normal activities of a person of the same age?   | ○ ○              | ○ ○           | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            |
| 2. Within the past 5 years, has any applicant been diagnosed with or received treatment, tested positive or taken medication for any of the following conditions: Liver cirrhosis, Hepatitis B or C, insulin-diabetes, non-insulin diabetes and under 35 years old and/or neuropathy, ulcerative colitis or Crohn's, Down's syndrome, Rheumatoid Arthritis, ALS (Lou Gehrig's Disease), Parkinson's, cystic fibrosis, cerebral palsy, sickle cell or aplastic anemia, transplant recipient, multiple sclerosis, muscular dystrophy, lupus, COPD, emphysema, suicide attempt, Stroke or TIA, paraplegia or quadriplegia, kidney or renal failure? | ○ ○              | ○ ○           | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            |
| 3. Within the past 5 years has any applicant tested positive or been diagnosed with or treated as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?   | ○ ○              | ○ ○           | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            |
| 4. Within the past 5 years has any applicant been diagnosed with, taken medication or received treatment for a heart attack, had a bypass or stent, coronary artery disease, or been advised to have any diagnostic tests relating to the heart or circulatory system which have not been completed or for which results have not been received?   | ○ ○              | ○ ○           | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            |
| 5. Within the past 5 years has any applicant been diagnosed with, taken medication or received treatment for internal cancer, leukemia, malignant melanoma or any other malignancy or been advised to have any diagnostic tests relating to cancer which have not been completed or for which results have not been received?  | ○ ○              | ○ ○           | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            |
| 6. Within the past 4 years has any applicant used illegal drugs, been diagnosed with or received any medical treatment, taken medication for or been advised to have a medical test or treatment for alcohol or drug abuse?  | ○ ○              | ○ ○           | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            |
| 7. Is any applicant now pregnant, an expectant mother or father, in the process of adopting a child, or undergoing fertility treatment or experienced more than one complication of pregnancy in the last 5 years?   | ○ ○              | ○ ○           | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            |
| 8. Within the past 5 years has any applicant who is 35 years of age or older been diagnosed or treated for non-insulin diabetes? <b>That person will not be eligible for less than a \$2,500 deductible plan. If diagnosed before age 35, they are not eligible for coverage.</b>  | ○ ○              | ○ ○           | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            |
| 9. Within the past 24 months has any applicant used any form of tobacco (including cigars, pipe or chewing tobacco)?   | ○ ○              | ○ ○           | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            |
| 10. Is there any other health, accident or disability insurance in force on the applicants?<br>If YES, give name of Company and type of insurance:   | ○ ○              | ○ ○           | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            | ○ ○            |