

Within the past 10 years, has any applicant been diagnosed with or received treatment by a physician, tested positive or taken medication for any of the following conditions? Liver cirrhosis, Hepatitis B, Insulin-diabetes and/or neuropathy, ulcerative colitis or Crohn's, Down's syndrome, Intellectual disability, Autism, Rheumatoid Arthritis, ALS (Lou Gehrig's Disease), Alzheimer's, Parkinson's, Dementia, cystic fibrosis, heart attack, coronary bypass, coronary artery disease, cerebral palsy, sickle cell or aplastic anemia, leukemia, transplant recipient, multiple sclerosis, muscular dystrophy, lupus, COPD, suicide attempt, Stroke or TIA, paraplegia or quadriplegia, kidney or renal failure, or been hospitalized more than 3 times in the past year? *

No To All

In the past 10 years, has any applicant tested positive or been diagnosed with or treated by a physician for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? Answer "NO" if the applicant has tested positive for HIV but has not developed either symptoms or the disease AIDS. *

No To All

Is the primary applicant or any of the applicant's dependent's (spouse, child(ren) under age 25), whether applying for coverage or not, currently pregnant or have a pending adoption? *

No To All

Within the past 5 years has any applicant been diagnosed with, taken medication or been treated by a physician for internal cancer, 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? *

No To All

Within the past 4 years has any applicant used drugs, been diagnosed with or received any medical treatment, taken medication for or been advised to have a medical test for alcohol or drug abuse? *

No To All

In the past 6 months, has any applicant been confined to a nursing facility (except for short term rehabilitation), bedridden, or been told they are disabled? *

No To All

Does any proposed Insured intend to reside outside the US? *

No To All

Has anyone to be insured used any form of tobacco (including smokeless) or nicotine (e-cigarettes, cigars, pipe or chewing tobacco) within the past 24 months? *

No To All

In the last 12 months has any applicant been diagnosed, treated or tested by a physician or taken medication for any of the following conditions and has seen a physician more than twice for any of these conditions? If 'Yes', please provide details for each condition below. One (1) point will be added for each condition.

A. kidney stones, kidney/bladder or urinary infections, hepatitis A, *

No To All

B. asthma or bronchitis, sleep apnea, unoperated hernia, pituitary, thyroid, stomach, disc or back, *

No To All

C.(TMJ) temporomandibular joint, carpal tunnel syndrome, pelvic inflammatory disease, *

No To All

D. obsessive-compulsive disorder, psychosis, schizophrenia, *

No To All

E. migraines, endometriosis, uterine fibroids or uterine cyst. *

No To All

If any applicant had a cesarean section, more than one miscarriage or seen a physician for infertility treatment and has not had a tubal-ligation or hysterectomy and is still of childbearing age, select 'Yes' and provide details (two (2) points will be added). *

No To All

In the last 12 months has any applicant been diagnosed, treated or tested by a physician or taken medication for any of the following conditions? If 'Yes', please provide details for each condition below. Two (2) points will be added for each condition.

A. Emphysema and not smoking, non-insulin Diabetes, *

No To All

B. Osteoarthritis, bariatric surgery (weight loss)-gastric bypass, stapling, or lap band *

No To All

C. cataracts or glaucoma, macular degeneration, *

No To All

D. cardiac ablation, epilepsy-seizures, hip or knee replacement, *

Select Select No To All

E. mitral valve prolapse, tachycardia-bradycardia or arrhythmia. *

Select Select No To All

In the last 12 months, other than conditions mentioned above, has any applicant had any medical or surgical advice including treatment, prescriptions, operations or been advised to have medical test(s) (excluding HIV and AIDS) or surgery that has not yet been performed, or is awaiting a medical test (excluding HIV and AIDS)? *

Select Select No To All

Is there any other condition that will require a rate up? Please put the appropriate amount of point(s) in the box and provide details below. *

Select Select No To All

Will the insurance applied for replace or change any existing insurance? *

Select Select No To All

Is there any other health, accident or disability Insurance in force on the proposed insured? *

Select Select No To All

Primary Doctor of each Applicant who has current and complete medical records (use Agent Notes section if more space is needed)

Doctor's Name	Street Address	Apt or Unit	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code	State	Phone	
<input type="text"/>	Select <input type="text"/>	<input type="text"/>	