

Application for Medicare Supplement Insurance

4. Health questions

If this is an Open Enrollment or Guaranteed Issue application, do not answer questions in this section.

If the health questions are answered for an Open Enrollment or Guaranteed Issue application, the application cannot be processed and will be returned.

	Applicant:	A	B
1. Are you dependent on a wheelchair or any motorized mobility device?		OY ON	OY ON
2. Have you used any tobacco products in the past 12 months		OY ON	OY ON
3. 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		OY ON	OY ON
4. At any time, have you been medically diagnosed, treated, or had surgery for any of the following?			
A. congestive heart failure, unoperated aneurysm, defibrillator		OY ON	OY ON
B. leukemia, lymphoma, multiple myeloma, cirrhosis		OY ON	OY ON
C. Parkinson's Disease, Lou Gehrig's Disease, Alzheimer's Disease, dementia, multiple sclerosis, muscular dystrophy, cerebral palsy		OY ON	OY ON
D. chronic kidney disease, kidney failure, kidney disease requiring dialysis, renal insufficiency, Addison's Disease		OY ON	OY ON
E. any condition requiring a bone marrow transplant or stem cell transplant, any condition requiring an organ transplant		OY ON	OY ON
F. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), tested positive for the Human Immunodeficiency Virus (HIV)		OY ON	OY ON
5. Do you have diabetes?			
A. that requires use of insulin		OY ON	OY ON
B. with complications including retinopathy, neuropathy, peripheral vascular or arterial disease or heart artery blockage		OY ON	OY ON
C. with history of heart attack or stroke (at any time)		OY ON	OY ON
D. treated with medication that has been changed or adjusted in the past 12 months because of uncontrolled blood sugar		OY ON	OY ON
6. Within the past 36 months, have you been medically diagnosed, treated, or had surgery for any of the following?			
A. alcoholism, drug abuse		OY ON	OY ON
B. cardiomyopathy, atrial fibrillation, anemia requiring repeated blood transfusions, any other blood disorder		OY ON	OY ON
C. internal cancer, melanoma, Hodgkin's Disease		OY ON	OY ON
D. hepatitis, disorder of the pancreas		OY ON	OY ON
7. 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		OY ON	OY ON
B. myasthenia gravis, systemic lupus or connective tissue disorder		OY ON	OY ON
C. osteoporosis with fractures, Paget's Disease, arthritis that restricts mobility or the activities of daily living		OY ON	OY ON
D. any lung or respiratory disorder requiring the use of a nebulizer or oxygen, or 3 or more medications for lung or respiratory disorder		OY ON	OY ON
E. any lung or respiratory disorder and currently use tobacco products		OY ON	OY ON
8. Within the past 12 months, have you been advised by a medical professional to have treatment, further evaluation, diagnostic testing, surgery that has not been performed or any pending test results?		OY ON	OY ON
9. 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?		OY ON	OY ON
10. Within the past 12 months, have you been medically diagnosed with wet macular degeneration and have taken or are currently receiving injections?		OY ON	OY ON

Application for Medicare Supplement Insurance

Page 5 of 11

Applicant A Initials _____ Applicant B Initials _____

Health questions *continued*

	Applicant:	A	B
11. Within the past 12 months, do any of the following apply to you?			
A. had a pacemaker implanted		OY ON	OY ON
B. had a PSA blood test greater than 4.5, under age 70, with no history of prostate cancer		OY ON	OY ON
C. had a PSA blood test greater than 6.5, age 70 or older, with no history of prostate cancer		OY ON	OY ON
D. had a seizure		OY ON	OY ON
12. Was your last blood pressure reading higher than 175 Systolic or higher than 100 Diastolic?		OY ON	OY ON

Systolic is the upper number and Diastolic is the bottom number of a blood pressure reading.

13. Height *Feet and inches* _____ Weight *Pounds* _____

Applicant A _____ **Applicant A** _____

Applicant B _____ **Applicant B** _____

5. Applicant A health history

If this is an Open Enrollment or Guaranteed Issue application, do not answer questions in this section.

1. Within the past 24 months if you have been medically diagnosed, treated, or had surgery for any brain, mental or nervous disorder, provide reason and diagnosis:
.....
.....
2. Within the past five years if you have been hospitalized, treated at an outpatient facility, or emergency room, provide reason and diagnosis:
.....
.....

Use an additional sheet of paper if needed for explanation.

3. Prescribed medications	Reason for medications (diagnosis)
•	•
•	•
•	•

Applicant B health history

If this is an Open Enrollment or Guaranteed Issue application, do not answer questions in this section.

1. Within the past 24 months if you have been medically diagnosed, treated, or had surgery for any brain, mental or nervous disorder, provide reason and diagnosis:
.....
.....
2. Within the past five years if you have been hospitalized, treated at an outpatient facility, or emergency room, provide reason and diagnosis:
.....
.....

Use an additional sheet of paper if needed for explanation.

3. Prescribed medications	Reason for medications (diagnosis)
•	•
•	•
•	•