

Health Disclosures

Please answer each of these questions below for you, your spouse and all of your dependents who may be applying for coverage.

| | | Yes | No |
|----|--|--------------------------|--------------------------|
| 01 | Have you or any of your dependents applying for this coverage, been under the care of a doctor currently, or in the past 5 years for any of the following conditions: cancer, heart disease (including Bypass), heart attack, heart surgery, or stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 | Have you or any of your dependents applying for this coverage, been home bound, incapacitated, or incapable of self-support due to a medical condition in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 | Have you or any of your dependents applying for this coverage, been under the care of a doctor currently or in the past 5 years for autoimmune or blood disease (i.e., Lupus, MS, Anemia, AIDS, HIV, Hemophilia, IBS, Crohn's)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 | Have you or any of your dependents applying for this coverage, been under the care of a doctor currently or in the past 5 years for organ failure or organ transplant for kidney, liver, lung, heart and or any form of organ support (i.e., dialysis)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 05 | Are you or any of your dependents applying for this coverage currently pregnant or expecting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 06 | Are you or any of your dependents applying for this coverage, currently being treated for condition(s) in which you have been hospitalized for in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 | Have you or any of your dependents applying for this coverage, been under the care of a doctor currently or in the past 5 years for respiratory disorders (i.e., emphysema, chronic bronchitis, COPD or chronic pneumonia)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 | Have you or any of your dependents applying for this coverage, been under the care of a doctor currently or in the past 5 years for musculoskeletal disorders (i.e. back disorders, muscular dystrophy, cerebral palsy, dermatomyositis, compartment syndrome, sciatica, or osteoporosis)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 09 | Have you or any of your dependents applying for this coverage, been under the care of a doctor currently or in the past 5 years for substance abuse or substance dependency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Have you or any of your dependents applying for this coverage, been under the care of a doctor currently or in the past 5 years as a Type 1 Diabetic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | In the past 5 years, have you or anyone applying for this coverage, had a surgery that you are still being treated for; or have an upcoming planned surgery? | <input type="checkbox"/> | <input type="checkbox"/> |

Disclaimer: If the account holder and/or their spouse or dependents answer "yes" to any of these questions, then they do not qualify