Health Knockout Questions

Answer 'NO' to ALL Questions and You Are IN!

Is the applicant, spouse/domestic partner/significant other, dependent children, or any other member of their household currently being treated for, or expect to be treated for any of the following over the next 12 months?

Organ failure, leading to bone marrow or organ transplant *
Yes
No

Any genetic condition that requires cell or gene therapy treatments? *
Yes
No

Any cancer that requires chemotherapy, radiation, bone marrow treatments, and/or cell therapy treatments? *
Yes
No

Kidney failure requiring dialysis treatments? *
Yes
No

High-risk pregnancy or pregnancies involving multiple fetuses? *
Yes
No

Hemophilia, or other blood clotting disorders? *
Yes
No

Has the applicant, spouse/partner, significant other, or dependent children been seen by a medical provider, had recommended treatment, received care (including prescriptions), or been hospitalized for any of the following within the last 5 years? This included any current treatment/medications/prescriptions.

Cancer *
Yes
No

Heart Disease (such as heart surgery, including bypass surgery/CABG, heart attack, stroke, heart failure (do not include high blood pressure) *
Yes
No

Home Bound, incapacitated or incapable of carrying out daily activities (such as dressing, bathing, or feeding) *
Yes
No

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Autoimmune or blood disease, such as Lupus, MS, Anemia, AIDS, HIV, Hemophilia, IBS, or Chrons *
Yes
No

Organ failure/transplant for Kidney, Liver, Lung, or Heart *
Yes
No

Organ support, such as dialysis or ECMO *
Yes
No

Pregnant, expecting or receiving treatment to become pregnant *
Yes
No

Hospitalized currently or in the past 5 years (this includes skilled nursing, mental health, substance treatment and rehabilitation facilities) *
Yes
No

Respiratory Disorders, ,such as COPD, emphysema, chronic bronchitis or chronic pneumonia *
Yes
No

Musculoskeletal Disorders, such as sciatica, osteoporosis, back disorder, Muscular Dystrophy, Cerebal Palsy, dermatomyositis, compartment syndrome *
Yes
No

Substance Abuse or Dependency (including but not limited to alcohol, cocaine, meth, heroin, opioids) *
Yes
No

Type 1 Diabetes *
Yes
No

Major Surgery, in the past 5 years or any planned surgeries in the next 12 months *
Yes
No

Neurological Disorder, such as Parkinson's Disease, epilepsy, stroke, Alzheimer's, MS (Multiple Sclerosis), ALS (Amyotrophic Lateral Sclerosis) *
Yes
No