



11 Health Disclosure Questions for Coverage

Please answer the questions below for you and all dependents to be covered. Dependent child(ren) covered through the end of the month they turn age 26. Domestic partners are NOT covered. ONLY legal spouses are covered. **If the answer is YES to any of the below questions the person will not qualify for coverage.**

1. Have you or any of your dependents applying for 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?
2. Have you or any of your dependents applying for coverage, been home bound, incapacitated, or incapable of self-support due to a medical condition in the past 5 years?
3. Have you or any of your dependents applying for 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)?
4. Have you or any of your dependents applying for 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)?
5. Are you or any of your dependents applying for coverage currently pregnant or expecting?
6. Are you or any of your dependents applying for coverage, currently being treated for condition(s) in which you have been hospitalized for in the past 5 years?
7. Have you or any of your dependents applying for 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)?
8. Have you or any of your dependents applying for 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)?
9. Have you or any of your dependents applying for coverage, been under the care of a doctor currently or in the past 5 years for substance abuse or substance dependency?
10. Have you or any of your dependents applying for coverage, been under the care of a doctor currently or in the past 5 years as a Type 1 Diabetic?
11. In the past 5 years, have you, or anyone applying for coverage, had a surgery that you are still being treated for? Or have an upcoming planned surgery?