

Please confirm that you are 1 of the following:

I confirm that: *

I am an employee without health benefits.

I am a sole proprietor in need of health or dental benefits.

I am an independent contractor.

Simplified Issue Medical Questions:

1: Are any applicants:

A: on COBRA and considered disabled.

B: currently NOT working or missed 10 or more consecutive days of work in the last 12 months due to injury or illness? *

Yes

No

2: Are any covered persons contemplating treatment or hospitalization, been advised to seek treatment, or been scheduled for hospitalization and/or surgery within the past 12 months? *

Yes

No

3: Does any applicant have:

A: any medical or test results pending, or a medical service that has not yet been performed?

B: any applicants currently pregnant or plan to become pregnant in the next 12 months?

Yes

No

4: Have you been diagnosed or treated by a member of the medical profession for in the last 12 months for:

A: Cancer, cancer related disease or benign tumor?

B: Disease of the heart or blood vessels, or had a stroke?

C: Kidney disease?

D: Alcohol or drug abuse?

E: Lung, Emphysema, Chronic Bronchitis, COPD or Chronic Pneumonia, liver or blood disorder?

F: Emotional, nervous system, eating disorder, or mental health problems?

G: Ulcer, stomach or digestive disorder?

H: Arthritis, back, bones or joint disorder? *

Yes

No

5: Within the past 12 months, has any covered person had a serious continuing claim (i.e., chronic, or ongoing condition likely to cost \$5,000 or more per year for treatment) due to a mental or physical disorder?

*

Yes

No