

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 or diabetes?

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