

*If born within 30 days prior to the effective date of coverage, the person will not be covered under the policy/certificate.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2. Are you or is any family member (whether or not named in this application) an expectant mother or father, in the process of adopting a child, or undergoing infertility treatment?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, coverage cannot be issued. | | |
| 3. Have you or has anyone named in Question 1 been declined for insurance due to health reasons? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, state the name of each person: _____
(The person(s) named will not be covered under the policy/certificate.) | | |
| 4. Have you or has any person named in Question 1 lived in the 50 states of the USA or the District of Columbia for less than the past 12 months? If yes, state the name of each person: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| (The person(s) named will not be covered under the policy/certificate.) | | |
| 5. Do you or does any person named in Question 1 now have hospital or medical expense insurance that will not terminate..... | <input type="checkbox"/> | <input type="checkbox"/> |
| prior to the requested effective date? If yes, state the name of each person: _____
(The person(s) named will not be covered under the policy/certificate.) | | |
| 6. Within the last 5 years, have you or has anyone listed on the application received medical or surgical consultation, advice, or treatment, including medication, for any of the following: blood disorders, liver disorders, kidney disorders, chronic obstructive pulmonary disorder (COPD) or emphysema, diabetes, cancer, heart or circulatory system disorders (excluding high blood pressure), Crohn's disease or ulcerative colitis, or alcohol or drug abuse or immune system disorders?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, state the name of each person: _____
(The person(s) named will not be covered under the policy/certificate.) | | |
| 7. Within the last 5 years, have you or has anyone listed on the application received treatment, advice, medication, or surgical consultation for HIV infection from a doctor or other licensed clinical professional, or had a positive test for HIV infection performed by a doctor or other licensed clinical professional?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, state the name of each person: _____
(The person(s) named will not be covered under the policy/certificate.) | | |
| 8. Within the last 5 years, have you or has any person named in Question 1 had testing performed and has not received results, or been advised by a medical professional to have treatment, testing, or surgery that has not been performed?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, state the name of each person: _____
(The person(s) named will not be covered under the policy/certificate.) | | |
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