

**PART III. HEALTH /MEDICAL QUESTIONS (COMPLETE IN FULL)**

1. If the answer is "Yes" to any of the following health questions (a)-(n), you are not eligible for coverage. (If you are applying for coverage during open enrollment or during a guaranteed issue period, do not answer questions 1 & 2 in section III.)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| (a) Are you currently hospitalized or confined to a nursing facility; or, are you bedridden or confined to a wheelchair? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Have you been diagnosed with emphysema, Chronic Obstructive Pulmonary Disease (COPD) or other chronic pulmonary disorders? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Have you been diagnosed with Parkinson's Disease or Multiple or Lateral Sclerosis, osteoporosis with fractures, or kidney disease requiring dialysis? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Have you been diagnosed with Alzheimer's Disease, senile dementia, organic brain disorder, or any other senility disorder? ...  | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Have you been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Do you have diabetes in addition to any of the following: diabetic retinopathy, peripheral vascular disease, neuropathy, any heart condition ( <b>including</b> high blood pressure) or kidney disease? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Do you have diabetes that has ever required more than 50 units of insulin daily? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Within the past two years have you been treated for or been advised by a physician to have treatment for internal cancer, alcoholism or drug abuse; cirrhosis; mental or nervous disorder requiring psychiatric care; or have you had any amputation caused by disease? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Within the past two years have you been treated for or been advised by a physician to have treatment for heart attack, heart, coronary or carotid artery disease (not including high blood pressure); peripheral vascular disease; congestive heart failure or enlarged heart; stroke; transient ischemic attacks (TIA), or heart rhythm disorders? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Within the past two years have you been treated for degenerative bone disease, crippling/disabling or rheumatoid arthritis, or have you been advised to have a joint replacement? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) Have you been advised by a physician that surgery may be required within the next 12 months for cataracts? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) Have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| (m) Have you been hospital confined three or more times in the last two years? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| (n) Have you had an organ transplant or been advised by a physician to have an organ transplant? .....  | <input type="checkbox"/> | <input type="checkbox"/> |