

If any answer to questions 1 through 6 is YES, you are not eligible for coverage.

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| 1. Do you require daily oxygen use (excluding when used with CPAP, after exercise, and for seasonal allergies), have an implanted defibrillator, received or been advised by a medical professional to receive an organ transplant or received dialysis within the last 24 months?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been diagnosed with or treated by a medical professional for Alzheimer's disease or dementia or are currently being treated for memory loss?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Within the last 24 months, have you been diagnosed by a member of the medical profession with Cancer (excluding Stage or Grade 1 Prostate Cancer, Carcinoma in Situ and Squamous Cell or Basal Cell Carcinoma) or received treatment by a member of the medical profession (excluding checkups while in remission, routine screening and maintenance medications) with radiation therapy, chemotherapy; including oral medication or immunotherapy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been advised by a member of the medical profession to have an amputation due to complications from diabetes?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you currently bedridden, confined to a hospital, nursing home, mental care facility, long term care facility, hospice or have you been diagnosed by a member of the medical profession with an end-stage or terminal illness with less than 12 months to live?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you been diagnosed by a medical professional as having the Human Immunodeficiency Virus (HIV), ARC or AIDS?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |