Indiana Questions

Application Questions			
General Information		**Yes**	**No**
G1	During the past 5 years, has any applicant been declined for insurance due to health reasons? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 ☐Child 5 The person(s) named will not be covered under the policy/certificate.	☐	☐
G2	Has any applicant lived in the 50 states of the USA or the District of Columbia for **less than** the past 12 months? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 ☐Child 5 The person(s) named will not be covered under the policy/certificate.	☐	☐
Medical History Information		**Yes**	**No**
M1	Is any applicant currently pregnant, an expectant parent, in the process of adopting a child, or undergoing infertility treatment? **If yes, coverage cannot be issued.**	☐	☐
M2	Within the last 5 years, has any applicant 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, multiple sclerosis, heart or circulatory system disorders (excluding high blood pressure), Crohn's disease or ulcerative colitis, or alcohol or drug abuse or immune system disorders? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 ☐Child 5 The person(s) named will not be covered under the policy/certificate.	☐	☐
M3	During the past 12 months, has any applicant been advised to undergo any test (except for HIV test), treatment, hospitalization, or surgery which has not yet been completed or for which results have not yet been received? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 ☐Child 5 The person(s) named will not be covered under the policy/certificate.	☐	☐
M4	Within the last 5 years, has any applicant 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? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 ☐Child 5 The person(s) named will not be covered under the policy/certificate.	☐	☐
Other Coverage Information		**Yes**	**No**
O1	Does any applicant now have, or is any applicant currently applying for, other hospital or medical expense insurance that **will not** terminate prior to the requested effective date? (Other hospital or medical expense insurance does not include fixed indemnity insurance.) If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 ☐Child 5 The person(s) named will not be covered under the policy/certificate.	☐	☐