

Sample Application Questions – Short Term Medical

For illustrative purposes only. Actual questions may vary by state and other factors. These are **not** the state-specific application questions. Applicants will be presented with state-specific questions during the application process.

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Application Questions			
General Information		Yes	No
G1	During the past 5 years, has any applicant been declined for insurance by a carrier other than Golden Rule Insurance Company due to health reasons? If yes, select each person: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Child 5 The person(s) named will not be covered under the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Child 5 The person(s) named will not be covered under the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Child 5 The person(s) named will not be covered under the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Child 5 The person(s) named will not be covered under the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Child 5 The person(s) named will not be covered under the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Child 5 The person(s) named will not be covered under the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>