## Sample Medicare Supplement Health questions

If any health questions are answered "yes" in section 4, except for question 12, the applicant(s) will not qualify for this insurance with us.

| | Applicant: A | Applicant: B |
|---|---|---|
| **1. Are you dependent on a wheelchair or any motorized mobility device?** | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **2. Do any of the following apply to you?** | | |
| Currently hospitalized, confined to a bed, in a nursing facility or assisted living facility, receiving home health care or physical therapy | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **3. At any time, have you been medically diagnosed, treated, or had surgery for any of the following?** | | |
| **A.** congestive heart failure, unoperated aneurysm, defibrillator | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **B.** leukemia, lymphoma, multiple myeloma, cirrhosis | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **C.** Parkinson's Disease, Lou Gehrig's Disease, Alzheimer's Disease, dementia multiple sclerosis, muscular dystrophy, cerebral palsy | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **D.** chronic kidney disease, kidney failure, kidney disease requiring dialysis, renal insufficiency, Addison's Disease | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **E.** any condition requiring a bone marrow transplant or stem cell transplant, any condition requiring an organ transplant | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **F.** Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), tested positive for the Human Immunodeficiency Virus (HIV) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **4. Have you been medically diagnosed or treated by a member of the medical profession for diabetes?** | | |
| **A.** that requires use of insulin | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **B.** with complications including retinopathy, neuropathy, peripheral vascular or arterial disease or heart artery blockage | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **C.** with history of heart attack or stroke (at any time) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **D.** treated with medication that has been changed or adjusted in the past 12 months because of uncontrolled blood sugar | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **5. Within the past 36 months, have you been medically diagnosed, treated, or had surgery for any of the following?** | | |
| **A.** alcoholism, drug abuse | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **B.** cardiomyopathy, atrial fibrillation, anemia requiring repeated blood transfusions, any other blood disorder | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **C.** internal cancer, melanoma, Hodgkin's Disease | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **D.** hepatitis, disorder of the pancreas | ☐ Yes ☐ No | ☐ Yes ☐ No |

## Section 4. Health questions *continued*

| | Applicant: A | Applicant: B |
|---|---|---|
| **6. Within the past 24 months, have you been medically diagnosed, treated, or had surgery for any of the following?** | | |
| **A.** enlarged heart, transient ischemic attack (TIA), stroke, peripheral vascular or arterial disease, neuropathy, amputation caused by disease | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **B.** myasthenia gravis, systemic lupus or connective tissue disorder | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **C.** osteoporosis with fractures, Paget's Disease, arthritis that restricts mobility or the activities of daily living | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **D.** any lung or respiratory disorder requiring the use of a nebulizer or oxygen, or 3 or more medications for lung or respiratory disorder | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **E.** any lung or respiratory disorder and currently use tobacco products | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **7. Within the past 12 months, have you been advised by a medical professional to have treatment, further evaluation, diagnostic testing, or surgery that has not been performed or do you have pending test results?** | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **8. Within the past 12 months, have you been medically diagnosed or, treated, or had surgery for a heart attack, artery blockage, or heart valve disorder?** | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **9. Within the past 12 months, have you been medically diagnosed with wet macular degeneration and have taken or are currently receiving injections?** | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **10. Within the past 12 months, do any of the following apply to you?** | | |
| **A.** had a pacemaker implanted | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **B.** had a PSA blood test greater than 4.5, under age 70, with no history of prostate cancer | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **C.** had a PSA blood test greater than 6.5, age 70 or older, with no history of prostate cancer | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **D.** had a seizure | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **11. Was your last blood pressure reading higher than 175 systolic or higher than 100 diastolic?** | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Systolic is the upper number and diastolic is the bottom number of a blood pressure reading. | | |
| **12. Have you used any form of tobacco in the past 12 months? (Including vaping and e-cigarettes)** | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Answering "yes" to question 12 will not disqualify you for this insurance. | | |

**13.**

| Applicant A | | Applicant B | |
|---|---|---|---|
| **Height** *(feet and inches)* | **Weight** *(pounds)* | **Height** *(feet and inches)* | **Weight** *(pounds)* |
| . | . | . | . |