

America's Choice HEALTH QUESTIONS:

Health Disclosure Questions

Have you or any of your dependents applying for coverage, been under the care of a doctor currently, or in the past 5 years for any of the following conditions: cancer, heart disease (including Bypass), Heart Attack, Heart Surgery, or Stroke? *

Dependent child(ren) covered through the end of the month they turn 26. Domestic partners are NOT covered. ONLY legal spouses to be covered.

Please answer question for you and all your dependents to be covered.

Yes

No

Have you or any of your dependents applying for coverage, been home bound, incapacitated, or incapable of self-support due to a medical condition in the past 5 years? *

Dependent child(ren) covered through the end of the month they turn 26. Domestic partners are NOT covered. ONLY legal spouses to be covered.

Please answer question for you and all your dependents to be covered.

Yes

No

Have you or any of your dependents applying for coverage, been under the care of a doctor currently or in the past 5 years for autoimmune or blood disease (i.e., Lupus, MS, Anemia, AIDS, HIV, Hemophilia, IBS, Crohn's)? *

Dependent child(ren) covered through the end of the month they turn 26. Domestic partners are NOT covered. ONLY legal spouses to be covered.

Please answer question for you and all your dependents to be covered.

Yes

No

Have you or any of your dependents applying for coverage, been under the care of a doctor currently or in the past 5 years for organ failure or organ transplant for kidney, liver, lung, heart and or any form of organ support (i.e., dialysis)? *

Dependent child(ren) covered through the end of the month they turn 26. Domestic partners are NOT covered. ONLY legal spouses to be covered.

Please answer question for you and all your dependents to be covered.

Yes

No

Are you or any of your dependents applying for coverage currently pregnant or expecting? *

Dependent child(ren) covered through the end of the month they turn 26. Domestic partners are NOT covered. ONLY legal spouses to be covered.

Please answer question for you and all your dependents to be covered.

Yes

No

Are you or any of your dependents applying for coverage, currently being treated for condition(s) in which you have been hospitalized for in the past 5 years? *

Dependent child(ren) covered through the end of the month they turn 26. Domestic partners are NOT covered. ONLY legal spouses to be covered.

Please answer question for you and all your dependents to be covered.

Yes

No

Have you or any of your dependents applying for coverage, been under the care of a doctor currently or in the past 5 years for respiratory disorders (i.e, Emphysema, Chronic Bronchitis, COPD or Chronic Pneumonia)? *

Dependent child(ren) covered through the end of the month they turn 26. Domestic partners are NOT covered. ONLY legal spouses to be covered.

Please answer question for you and all your dependents to be covered.

Yes

No

Have you or any of your dependents applying for coverage, been under the care of a doctor currently or in the past 5 years for musculoskeletal disorders (i.e. Back Disorders, Muscular Dystrophy, Cerebral Palsy, Dermatomyositis, Compartment Syndrome, Sciatica, or Osteoporosis)? *

Dependent child(ren) covered through the end of the month they turn 26. Domestic partners are NOT covered. ONLY legal spouses to be covered.

Please answer question for you and all your dependents to be covered

Yes

No

Have you or any of your dependents applying for coverage, been under the care of a doctor currently or in the past 5 years for substance abuse or substance dependency? *

Dependent child(ren) covered through the end of the month they turn 26. Domestic partners are NOT covered. ONLY legal spouses to be covered.

Please answer question for you and all your dependents to be covered.

Yes

No

Have you or any of your dependents applying for coverage, been under the care of a doctor currently or in the past 5 years as a Type 1 Diabetic? *

Dependent child(ren) covered through the end of the month they turn 26. Domestic partners are NOT covered. ONLY legal spouses to be covered.

Please answer question for you and all your dependents to be covered.

Yes

No

In the past 5 years, have you or anyone applying for coverage had a surgery that you are still being treated for? Or have an upcoming planned surgery? *

Dependent child(ren) covered through the end of the month they turn 26. Domestic partners are NOT covered. ONLY legal spouses to be covered

Please answer question for you and all your dependents to be covered.

Yes

No

Payment Method