

## Simplified Issue Eligibility Questions

Please review the questions below to determine your eligibility for the benefit.

### 1. **Employment Status**

Are you actively working on a full-time basis and able to perform the duties of your occupation?

#### **Dependent's Employment** *(If applying for dependent coverage)*

Is your spouse/partner actively working on a full-time basis and able to perform the duties of their occupation?

### 2. **Health Status of Dependents**

Is any proposed dependent currently:

- Hospitalized?
- Confined at home under a physician's care?
- Receiving or applying for disability benefits from any source?

### 3. **Recent Health Events**

In the past six months, has any proposed insured been hospitalized (inpatient or outpatient) or missed more than five days of work due to accident or sickness, excluding normal pregnancy?

### 4. **Height and Weight**

The carrier will ask for the height and weight of applicants and spouse/partner. Height and weight must fall within acceptable carrier guidelines.

Please review the following health questions with respect to a time frame of the **last 5 years**. If you answer "**Yes**" to any of these questions, you may not qualify for coverage.

### 5. **Medical History (in the last 5 Years only)**

Have you been diagnosed or treated by a licensed medical professional for any of the following conditions?

- **Acquired Immune Deficiency Syndrome (AIDS)**
- **Blood** (including Anemia, platelet disorders, Hemochromatosis, Thalassemia or any other abnormality of the spleen, bone marrow or blood or a blood transfusion)
- **Brain or Nervous System** (including Alzheimer's, Dementia, Multiple Sclerosis, Optic Neuritis, Parkinson's, seizures, Vertigo or any other disease or disorder of the brain or nervous system)
- **Cancer** (including Melanoma, Leukemia, Lymphoma or any other cancer or tumor other than non-melanoma skin cancer)
- **Anxiety, depression, chronic fatigue, suicidal thoughts, or any other psychiatric, emotional, behavioral or mental or nervous disorder?**

- **Digestive** (including Barrett's Esophagus, Cirrhosis, Hepatitis, Ulcerative Colitis, Crohn's Disease or any other disease or disorder of the esophagus, stomach, liver, pancreas, intestine or colon)
- **Glandular** (including Diabetes, Addison's, Cushing's, thyroid or any other disease or disorder of the endocrine system)
- **Heart or Blood Vessels** (including Aneurysm, heart attack, stroke, high blood pressure requiring more than two medications to control, or any other disease or disorder of the heart, blood vessels or circulatory system)
- **Lung** (including Asthma, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Chronic bronchitis, Tuberculosis, Interstitial lung disease or any other disease or disorder of the lungs or airways)
- **Musculoskeletal** (including Fibromyalgia, Lupus, Sjogren's syndrome, Osteoporosis, Muscular Dystrophy, Paralysis, Rheumatoid Arthritis, Autoimmune disorder or any other disease or disorder of the musculoskeletal system)
- **Renal or Reproductive** (including disorders of the breasts, ovaries, prostate, bladder, kidney or any other disease or disorder of the urinary or reproductive organs)