

Questions with reflexive

All questions are Yes/No answers unless otherwise indicated

8/22/2017

	I[(We)] declare that all of the following disclosures and answers I[(We)] provide in this application are true and complete to the best of my[(our)] knowledge and belief.		Yes/No			
	Proposed insured Height (ft, in)    Weight (lbs.)	N/A	Have you lost more than 10 Lbs. in the past year?	Was the weight loss due to diet and exercise?		
	Qualifying Information Questions as they appear on application	Associated History Item	Reflexive question	Reflexive question	Reflexive question	Reflexive question
Has the Proposed insured:						
b)	within the past 12 months, used any form of tobacco or nicotine products?		No reflexive questions			
c)	within the past 12 months, collected or applied for disability or workers compensation benefits?	Disability	Was the disability from Maternity leave?			
d)	within the past 5 years, had a license suspended or revoked or been convicted of reckless driving or driving under the influence of alcohol or drugs (DUI) or driving with a suspended license?	N/A	No reflexive questions			
e)	within the past 5 years, used or been convicted of using illegal drugs, or used prescription drugs other than directed?	N/A	No reflexive questions			
f)	within the past 5 years, been convicted of a felony,    been on probation, or been on parole?	N/A	No reflexive questions			
g)	had any immediate biological family members that have ever been diagnosed by a member of the medical profession with, or died because of, Cancer, Heart disease, Diabetes, Polycystic Kidney Disease, or Huntington's Disease?		Was the diagnosis or cuase of death for any immediate biological family member either    Polycystic Kidney Disease or Huntington's Disease?			
h)	[any current intention of traveling or residing outside the United States or Canada within the next two years? [(If "Yes," please complete Foreign Travel Questionnaire.)]]	Travel	[Which of the follwing countries do you intend to travel to or reside in?    (Answer to be provided by checking applicable countries from a list shown)]			
i)	in the last 6 months, been advised by a member of the medical profession to have any surgery, hospitalization, treatment or test that was not completed, excluding those tests related to the Human Immunodeficiency Virus (AIDS Virus)?	N/A	No reflexive questions			
Has the proposed insured within the past 3 years, engaged in or does the proposed insured plan to engage within the next 2 years:						
j)	in motor sports (land or water), mountain climbing, rock climbing, skydiving, parachuting, hang gliding, or scuba diving? [(If "Yes," please complete Hazardous Sports Questionnaire.)]	N/A	No reflexive questions			
k)	in flying as a pilot, or student pilot? [(If "Yes," please complete Aviation Questionnaire.)]	N/A	No reflexive questions			
	Qualifying Medical    Information Questions as they appear on application	Associated History Item	Reflexive question	Reflexive question	Reflexive question	Reflexive question
Has the proposed insured been diagnosed with or treated within the past 10 years by a member of the medical profession for any of the following diseases or illnesses? [(If none apply, check "None")]						
l)	Chest pain, heart attack, coronary artery disease, high blood pressure, heart murmur, irregular heartbeat/arrhythmia, congestive heart disease, pacemaker, stroke, mini-stroke/transient ischemic attack(TIA), heart valve disease, aneurysm, peripheral vascular disease, carotid artery disease or any other disease of the heart or circulatory system?	Chest pain	Have you been hospitalized for this in the past [(5yrs.)]?	Are you taking any medications chest pain?		
		High blood pressure	Have you been hospitalized for this in the past [(5yrs.)]?	Are you taking more than 2 medications for Hypertension?		
		Heart murmur/Heart Valve Disease	Have you ever been hospitalized or have you had surgery for this condition?	Are you taking any medications for the Heart Murmur?	Do you require follow up with a cardiologist?	Was the diagnosis Mitral valve prolapse?
		Irregular heartbeat/arrhythmia	Have you been hospitalized for this in the past [(5yrs.)]?	Are you taking any medications for the Irregular heartbeat/Arrhythmia?	Do you require follow up with a cardiologist?	
		Mini-stroke/transient ischemic attack(TIA)	How many episodes have you had? (Answer options: One Episode, Multiple Episodes)	Was the episode greater than 4 years ago?		
m)	Cancer, tumor, leukemia, lymphoma or melanoma?	Cancer	Was the Cancer a Basal or Squamous cell skin cancer ?			
n)	Emphysema, chronic obstructive pulmonary disease (COPD), chronic bronchitis, asthma, pulmonary embolism or any other disease of the respiratory system?	Asthma	Have you ever been hospitalized or treated at the emergency room for this?	In the past twelve (12) months, have you taken oral steroids for more than thirty (30) days?		
o)	Ulcerative colitis, Crohn's disease, cirrhosis, pancreatitis, hepatitis, diabetes, kidney disorder or failure, or any other disorder of the digestive systems?	Diabetes	What age were you diagnosed? (Answer options: Age 35 and Younger, Age 36 and Up)	Have you had any complications associated with this condition (such as nerve pain, skin ulcers, vision problems, kidney problems)?	Have you been told to take or have you taken insulin for diabetes?	Have you been hospitalized for more than twenty-four (24) hours within the past three (3) years for this condition?
		Kidney disorder or failure	Was the diagnosis a Kidney stone?			
		any other disorder of the digestive systems	Was the diagnosis GERD (acid reflux) or Irritable Bowel Syndrome?	Was it a stomach ulcer within the past 3 years?		
p)	Seizures, paralysis, muscular/neurological disorders, Parkinson's disease, cerebral palsy, multiple sclerosis, Alzheimer's disease, dementia or any other disease of the brain or nervous system?	Seizures	When was your last seizure? (Answer options: Less than 5 years ago, More than 5 years ago)			
q)	Lupus, connective tissue disorder, anemia, blood clots,    infection with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) or any other disease of blood or immune system?	Anemia	Was the anemia Sickle Cell Trait and Thalassemia Minor?	Was the anemia iron deficiency or vitamin b12 deficiency?		
		blood clots	Was there more than one occurrence?	Are you currently taking medication?	Did it occur within the past [5] years?	
r)	Intellectual/cognitive disability, autism spectrum disorder or Down syndrome?	N/A	No reflexive questions			
s)	Major depression, attempted suicide, bipolar disorder, schizophrenia, or alcohol or drug dependency or abuse?	Major depression	Are you taking medication for this condition?	Have you been hospitalized for this condition?	Have you ever lost time from work for this condition?	