

Guaranteed Issue Eligibility

1. Within the last 63 days, did your employee welfare benefit plan terminate or cease to provide all supplemental Medicare health benefits to you? Y N
2. Within the last 63 days, did you terminate enrollment from a Medicare Advantage (formerly Medicare+Choice) plan or a Program of All-Inclusive Care for the Elderly (PACE), having enrolled in such a plan upon first becoming eligible for benefits under Part A, and enrolled in Part B, if eligible, of Medicare, and subsequently disenrolled within 12 months of enrollment? Y N
3. Within the last 12 months, did you terminate Medicare Supplement coverage to enroll for the first time in a Medicare Select Plan, Medicare HMO, Medicare Demonstration Project, Medicare Health Care Prepayment Plan, Medicare Advantage (formerly Medicare+Choice) Plan, or a Program of All-Inclusive Care for the Elderly (PACE)? Y N
 - A. within the past 63 days, did you terminate enrollment in such plan? Y N
4. Within the last 63 days, did you discontinue enrollment in a Medicare Select policy, Medicare HMO, Medicare Demonstration Project, Medicare Cost Program under Section 1876 of the Social Security Act, Medicare Health Care Prepayment Plan, Medicare Advantage (formerly Medicare+Choice) Plan, or you are 65 years of age or older and discontinued enrollment in a Program of All-Inclusive Care for the Elderly (PACE)? Y N
 - A. because plan's certification was terminated or the plan was discontinued in the area in which you live? Y N
 - B. because you changed your place of residence or there was another change in circumstance (other than non-payment of premium) which made you ineligible for the plan? Y N
 - C. because you have satisfactorily demonstrated that the organization substantially violated a material provision of the plan with respect to your care? Y N

Health Information

Health and General Information

For all plans, answer questions 1-10. The health questions below refer to condition, treatment or diagnosis that is provided by a physician.

1. Are you currently confined to a wheelchair or any motorized mobility device? Y N
2. Are you currently hospitalized, confined to a bed, in a nursing home or assisted living facility where you receive skilled nursing care, or receiving any occupational or physical therapy? Y N
3. Have you been advised by a medical professional to have treatment, further diagnostic evaluation, diagnostic testing or any surgery that has not been performed? Y N
4. At any time have you been medically diagnosed with, treated by a physician for, or had surgery for any of the following:
 - A. Chronic kidney disease, kidney failure, or kidney disease requiring dialysis? Y N
 - B. Emphysema, Chronic Obstructive Pulmonary Disease (COPD), any other chronic pulmonary disorder or any cardio-pulmonary disorder requiring oxygen? Y N
 - C. Alzheimer's Disease, dementia or any other cognitive disorder? Y N
 - D. Parkinson's Disease, Multiple Sclerosis or Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)? Y N
 - E. Systemic Lupus or Myasthenia Gravis? Y N
 - F. An organ transplant or been advised to have an organ transplant (excluding cornea transplants)? Y N
 - G. Chronic hepatitis or cirrhosis? Y N
 - H. Osteoporosis with fractures? Y N
5. Have you tested positive for exposure to the HIV infection or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) caused by the HIV infection or other sickness or condition derived from such infection? Y N
6. Have you been diagnosed with or treated by a physician for diabetes with complications including retinopathy, neuropathy, peripheral vascular disease, any related heart disorder (Including hypertension/high blood pressure) or kidney disease? Y N
7. Do you have an implanted cardiac defibrillator? Y N
8. Within the past two years, have you been treated for, or been advised by a physician to have treatment for:
 - A. Coronary artery disease, angina, heart attack, cardiac angioplasty, bypass surgery or stent placement? Y N
 - B. Cardiomyopathy, Congestive Heart Failure, aortic or cardiac aneurysm, peripheral vascular disease, vascular angioplasty, endarterectomy, carotid artery disease, heart or heart valve disorder, atrial fibrillation, other heart rhythm disorder, or implantation of a pacemaker? Y N
 - C. Alcoholism or drug abuse? Y N

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| D. Any mental or nervous disorder requiring treatment (including hospital confinement) by a psychiatrist, psychologist, counselor or therapist? | Y | N |
| E. Internal cancer, lymphoma or melanoma? | Y | N |
| F. A stroke or transient ischemic attack (TIA)? | Y | N |
| G. Degenerative bone disease, spinal stenosis, rheumatoid arthritis, psoriatic arthritis, arthritis that restricts mobility or have you been advised to have a joint replacement? | Y | N |
| 9. Have you been advised by a medical professional that surgery may be required within the next 12 months for cataracts? | Y | N |
| 10. Have you been hospital confined three or more times in the past two years for a same or similar condition? | Y | N |

Medicare Information

If you are applying for ANY plan OUTSIDE of an open enrolment or guaranteed issue period, please list all over-the-counter or prescription medications you have taken in the past 24 months in the table below.

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| 1. Medication Name(copy off pharmacy label) | | |
| 2. Frequency | | |
| 3. Dosage | | |
| 4. Have you taken this medication for more than 2 years? | Y | N |
| 5. Prescribed by Primary Physician? | Y | N |
| 6. Diagnosis/Condition | | |