

### Example of Underwriting Questions

- 1) Has any person listed on this application received an abnormal test report, medical advice or diagnosis, care or treatment recommended or received within the last 5 years for a condition listed below:
  - Stem Cell Transplant
  - Heart Disorder, Heart Attack, Coronary Artery Disease or Circulatory System Disorder (Includes By-Pass, Stent Surgery or Carotid Artery Disease/Surgery)
  - Stroke, Seizures Disorder or other neurological disorder
  - Cancer or tumor or taking medication to prevent recurrence of cancer or tumorous growth
  - Paraplegia, Quadriplegia or Multiple Sclerosis
  - Emphysema, Chronic Bronchitis or COPD (Chronic Obstructive Pulmonary Disease), Cystic Fibrosis
  - Insulin Dependent Diabetes
  - Kidney Disorder other than kidney stones and/or liver disease
  - Degenerative Arthritis (Degenerative Disc Disease, Herniated Disc, Rheumatoid or Psoriatic Arthritis or degenerative joint disease)
  - Mental illness disorders: Bipolar disorder, schizophrenia, major depression or substance use disorders, alcohol, cannabis, stimulants, hallucinogens and opioids
  - Blood/bleeding disorders including but not limited to hemophilia, anemia (Aplastic, sick cell, thalassemia, hemolytic, hemorrhagic), Agranulocytosis, pancytopenia, thrombocytopenia, von Willebrand disease, Wegener's granulomatosis, rare factor deficiencies.
- 2) Have you or any person proposed for coverage been diagnosed or treated for AIDS, AIDS-related complex or any other immune system disorder?
- 3) Are you or is any immediate family member pregnant, an expectant parent, in the process of adopting a child, or undergoing fertility treatment?
- 4) Are you or any person applying for coverage currently over 300 pounds if male or 250 pounds if female OR has anyone undergone with loss or bariatric surgery?