

Sec A: If Any question is answered "Yes" the Proposed Insured is Not Eligible for coverage.

1. Have you ever been diagnosed with or treat for Acquired Immune Deficiency Syndrome (AIDS), (ARC) AIDS Related Complex, or Human Immunodeficiency Virus (HIV) Infection, or a terminal illness.
2. Currently:
 - a) Receiving Hospice or Home Health Care? Or Hospice recommended by a medical professional
 - b) Bedridden, nursing home, hospitalization recommended
3. Diagnosed or treated for Alzheimer's disease or dementia
4. Have you been treated for cancer in the last 12 months (except basal skin cancer)

Sec B: If All the Questions are answered "No" the propose insured is eligible for immediate benefit. If One question is answered "yes" the propose insured is still eligible for a graded-benefit. If more than one answer is "yes" the proposed insured is Not eligibility for coverage.

5. Have you been diagnosed, or treated for?
 - a) Diabetes before age 30, or suffered complications from diabetes; neuropathy , retinopathy, kidney or vascular problems.
 - b) A lung disorder requiring oxygen, emphysema, or (COPD) Chronic Obstructive Pulmonary Disease.
 - c) Hear Attach coronary artery disease diagnosed before 60, or cardiomyopathy.
 - d) Heart Valve disease requiring surgery
 - e) Stroke, Aneurysm,
 - f) Kidney disease, liver disease, or hepatitis C
 - g) Multiple Sclerosis or Parkinson's disease
6. Within the past 5 years have you been hospitalized, diagnosed, or treated for?
 - a) Cancer, leukaemia, melanoma or any other malignancy (except basal skin cancer)
 - b) Mental or nervous disorder that required inpatient hospitalization
7. Within the past 2 years have you used illegal drugs or taken prescriptions drugs not prescribed by a medical professional. Have had signs or symptoms, diagnosed with, sought treatment for, or counsel for drug abuse dependency or have had any drug related arrests?
8. Tobacco products: cigarettes, cigars, pipe, chewing tobacco, nicotine patches or gum.
9. Blood Pressure: Have you been treated for high blood pressure? Systolic_____Diastolic_____
10. Cholesterol: : have you been treated of drugs for high cholesterol HDL_____ LDL_____
11. Driving: ever convicted of (DUI) (DWI)reckless driving, or had more than one accident?
Moving violations in last 6mos_____, 2yrs____, 3yrs____, 5yrs_____?
12. Alcohol Abuse:
Have you ever been treated for alcohol abuse? No ____ Yes ____
Number of years since treatment? _____
13. Family History:
 - a) number of family members who contracted cardiovascular disease or kidney disease?_____
 - b) Number of family members who died from heart disease, stroke, cancer, diabetes before 70._____

Uninsurable Conditions

Uninsurable if has had any of these conditions.

Alzheimer's Disease
Marfan's Syndrome
Parkinson's Disease
Amyotrophic Lateral Sclerosis
Metastatic Cancer
Psychosis (any form)
Cystic Fibrosis
Multiple Sclerosis
Schizophrenia
Dementia
Muscular Dystrophy
Senility
Ehlers-Danlos Syndrome
Myelofibrosis
Stroke
Huntington's Disease

Red Flag Meds Brand

These medications are not insurable.

Antabuse®
Copaxone®
ReVia®
Aralast NP®
Depade®
Remodulin®
Aricept®
Exelon®
Suboxone®
Avonex®
Flolan®
Tracleer®
Betaseron®
Gilenya®
Tysabri®
Campral®
Namenda®
Ventavis®
Cognex®
Razadyne®
Vivitrol®

Red Flag Meds Generic

These medications are not insurable.

acamprosate calcium
fingolimod
memantine
alpha-1-proteinase inhibitor
galantamine hydrobromide
naltrexone
bosentan
glatiramer
natalizumab
buprenorphine and naloxone
iloprost
rivastigmine
disulfiram
interferon beta-1a
tacrine
donepezil HCl
interferon beta-1b
treprostinil
epoprostenol sodium