Health and Lifestyle Questionnaire

Answer the following questions if you will be under 69 the date policy will be effective

Personal Information

Please provide your height and weight to help us better understand your health profile. Enter your height in feet and inches and your weight in pounds in the spaces below.
Height: ____ ft. ____ in. **Weight**: _____ lbs.

Tobacco and Nicotine Use

In the past 12 months, have you used any form of tobacco, electronic cigarettes, or other nicotine products? Please indicate your answer by checking one of the following options: **Yes ___No ____**

Medical History

For each of the following medical conditions or situations, please indicate "Yes" or "No" as appropriate. These questions refer to your health status within the past 24 months unless otherwise specified.
Have you had, been treated for, or been told by a medical professional that you have any of the following?

Chronic kidney disease (stages 3, 4, or 5); kidney failure; or kidney disease requiring dialysis **Yes ___No __**

Internal cancer, including cancer that requires surveillance or is in remission within the past two years; blood cancers such as leukemia, lymphoma, or melanoma; or if you have undergone any non-routine medical test to rule out or confirm cancer that is not yet completed **Yes ___No __**

Diabetes requiring insulin use, or diabetes in combination with heart disease (excluding high blood pressure) **Yes __No____**

Arthritis that restricts mobility or daily activities, requires physical therapy, requires major joint injections (hip, knee, shoulder), or for which you have been advised to have a joint replacement; Rheumatoid Arthritis **Yes ___No __**

Liver disease, cirrhosis, alcoholism, or drug abuse **Yes ___No___**

Bipolar disease, schizophrenia, or any other psychotic disorders **Yes ___No___**

Use of drugs administered by intravenous (IV) infusion, except during an emergency room visit, hospitalization, or surgery **Yes ___No___**

Do you use oxygen as treatment for a diagnosed medical condition? **Yes ___No___**

Have you been admitted to the hospital within the past three months? **Yes ___No___**

Has a medical professional advised or discussed as a treatment option that you may need surgery (including cataract surgery) or drugs administered by intravenous (IV) infusion? **Yes ___ No___**

Current Medications

Please indicate if you are currently taking any of the following medications by circling all that apply:

Abilify **Embrel** **Humira** **Imuran** **Methotrexate** **Oxygen (from a tank)**

Seroquel **Xeljanz**

IV Infusion (including but not limited to: **Interferon, Imuran, Remicade, Remodulin, Rituximab, Soliris**)

I**nsulin** (including but not limited to: **Apidra, Humalog, Humulin, Lantus, Levemir, Novolin, Novolog**)