Health and Lifestyle Questionnaire

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

Information About Your Health

Please provide your height ____ /_____ (ft /in) and weight _____ (lbs.)

Please circle the correct response to the questions below

Have you used any form of tobacco, an electronic cigarette or other nicotine products in the past 12 months? **Yes** **No**

Within the past 24 months, 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**

Diabetes requiring the use of insulin or any diabetes when in combination with heart disease (excluding high blood pressure) **Yes** **No**

Arthritis that restricts mobility or daily activities, requires physical therapy, requires major joint (hip, knee, shoulder) injection(s) or you have been advised to have a joint replacement; Rheumatoid Arthritis **Yes** **No**

Liver Disease; chronic hepatitis; cirrhosis; pancreatitis; alcoholism or drug abuse **Yes** **No**

Bipolar disease; schizophrenia or any other psychotic disorders **Yes** **No**

Drugs administered by intravenous (IV) infusion, other than during an emergency room visit, hospitalization, or surgery **Yes** **No**

Within the past 36 months, have you had, been treated for, or been told by a medical professional that you have internal cancer; cancer in need of surveillance or cancer that has gone into remission within the past three years; blood cancer(s); leukemia; lymphoma; melanoma or a non-routine medical test to rule out or confirm the presence of cancer that has not been completed? **Yes** **No**

Within the past 5 years, have you had a recurrence of a previous cancer (excluding non-melanoma skin cancers)? **Yes** **No**

Have you ever been treated for or diagnosed with metastatic cancer (cancer that has spread to other parts of the body)? **Yes** **No**

Do you use oxygen as treatment for 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 (includes cataract surgery) or drugs administered by intravenous (IV) infusion? **Yes** **No**

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Note: You can say no to the cataract surgery question if surgery is not scheduled in the next 12 months. Same with any other surgery.
Note: Joint replacement is ok if 6 months or more in the past with not currently undergoing PT or pain management.
Note: Macular injections are ok.

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**)