AMERISTEAD HEALTH

MEDICAL QUESTIONNAIRE

*Please answer every question below on behalf of all applicants included on this application. Fields marked * are required.*

#	Question	Yes	No
1	In the last 5 years — Has any applicant ever been diagnosed with or treated for cancer or tumors (other than fully removed basal cell skin cancer), heart attack, heart surgery, angioplasty, stent, heart failure, stroke, TIA or other serious cardiovascular disease?	☐	☐
2	In the last 5 years — Any kidney disorders, lung disorders that require oxygen, blood disorders, liver disorders, organ transplants, or any other ongoing organ disorders or treatments?	☐	☐
3	In the past 5 years — Has any applicant ever been diagnosed with a severe mental health condition (such as schizophrenia, bipolar disorder, or any mental illness requiring hospitalization), or is any applicant currently receiving counseling or therapy for a mental health condition?	☐	☐
4	In the past 12 months, has any applicant been hospitalized overnight (other than for routine childbirth without complications)?	☐	☐
5	Has any applicant ever been treated for substance or alcohol dependency in the past 5 years?	☐	☐
6	Currently expecting children and/or in the process of adoption, surrogacy or infertility treatment?	☐	☐
7	Has any applicant been diagnosed with Type 1 diabetes or Type 2 diabetes with complications?	☐	☐
8	Has any applicant ever been diagnosed with HIV, AIDS, lupus, hemophilia, or any other serious autoimmune disorders?	☐	☐
9	Has any applicant ever been diagnosed with any neurological disorders?	☐	☐
10	Is any applicant currently awaiting results of diagnostic testing, or scheduled/recommended for surgery, imaging, or major medical treatment?	☐	☐
11	I attest and agree that I understand that any medication with a gross monthly cost of $700 or more per month will require PBM managed care for alternative sourcing.	☐	☐
12	Do you attest that you are self-employed / a sole proprietor with an Employer Identification Number (EIN), or a W-2 employee being sponsored by an employer?	☐	☐
13	Do you attest that all questions above are answered accurately, and agree that any misrepresentation on your application will result in an exclusion of coverage for the pre-existing condition attested to?	☐	☐

Applicant Signature	Date