America's Choice

11 Knockout QUESTIONS

Health Disclosures

Please answer each of these questions below for you, your spouse and all of your dependents who may be applying for coverage.

	Yes	No	
1.	☐	☐	Have you or any of your dependents applying for this coverage, been under the care of a doctor currently, or in the past 5 years for any of the following conditions: cancer,heart disease (including Bypass), heart attack, heart surgery, or stroke?
2.	☐	☐	Have you or any of your dependents applying for this coverage, been home bound, incapacitated, or incapable of self-support due to a medical condition in the past 5 years?
3.	☐	☐	Have you or any of your dependents applying for this coverage, been under the care of a doctor currently or in the past 5 years for autoimmune or blood disease (i.e., Lupus, MS, Anemia, AIDS, HIV, Hemophilia, IBS, Crohn's)?
4.	☐	☐	Have you or any of your dependents applying for this coverage, been under the care of a doctor currently or in the past 5 years for organ failure or organ transplant for kidney, liver, lung, heart and or any form of organ support (i.e., dialysis)?
5.	☐	☐	Are you or any of your dependents applying for this coverage currently pregnant or expecting?
6.	☐	☐	Are you or any of your dependents applying for this coverage, currently being treated for condition(s) in which you have been hospitalized for in the past 5 years?
7.	☐	☐	Have you or any of your dependents applying for this coverage, been under the care of a doctor currently or in the past 5 years for respiratory disorders(i.e., emphysema, chronic bronchitis, COPD or chronic pneumonia)?
8.	☐	☐	Have you or any of your dependents applying for this coverage, been under the care of a doctor currently or in the past 5 years for musculoskeletal disorders (i.e. back disorders, muscular dystrophy, cerebral palsy, dermatomyositis, compartment syndrome, sciatica, or osteoporosis?
9.	☐	☐	Have you or any of your dependents applying for this coverage, been under the care of a doctor currently or in the past 5 years for substance abuse or substance dependency?
10.	☐	☐	Have you or any of your dependents applying for this coverage, been under the care of a doctor currently or in the past 5 years as a Type 1 Diabetic?
11.	☐	☐	In the past 5 years, have you or anyone appliying for this coverage, had a surgery that you are still being treated for; or have an upcoming planned surgery?

Disclaimer: If the account holder and/or their spouse or dependents answer "yes" to any of these questions, then they do not qualify.