

## Sample Application Questions – Short Term Medical

For illustrative purposes only. Actual questions may vary by state and other factors. These are **not** the state-specific application questions. Applicants will be presented with state-specific questions during the application process.

Application Questions			
<b>General Information</b>		<b>Yes</b>	<b>No</b>
G1	During the past 5 years, has any applicant been declined for insurance by a carrier other than Golden Rule Insurance Company due to health reasons? If yes, select each person: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Child 5 The person(s) named will not be covered under the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>
G2	Has any applicant lived in the 50 states of the USA or the District of Columbia for <b>less than</b> the past 12 months? If yes, select each person: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Child 5 The person(s) named will not be covered under the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical History Information</b>		<b>Yes</b>	<b>No</b>
M1	Is any applicant currently pregnant, an expectant parent, in the process of adopting a child, or undergoing infertility treatment? <b>If yes, coverage cannot be issued.</b>	<input type="checkbox"/>	<input type="checkbox"/>
M2	Within the last 5 years, has any applicant received medical or surgical consultation, advice, or treatment, including medication, for <b>any of the following</b> : blood disorders, liver disorders, kidney disorders, chronic obstructive pulmonary disorder (COPD) or emphysema, diabetes, cancer, multiple sclerosis, heart or circulatory system disorders (excluding high blood pressure), Crohn's disease or ulcerative colitis, or alcohol or drug abuse or immune system disorders? If yes, select each person: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Child 5 The person(s) named will not be covered under the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>
M3	During the past 12 months, has any applicant been advised to undergo any test (except for HIV test), treatment, hospitalization, or surgery which has not yet been completed or for which results have not yet been received? If yes, select each person: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Child 5 The person(s) named will not be covered under the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>
M4	Within the last 5 years, has any applicant received treatment, advice, medication, or surgical consultation for HIV infection from a doctor or other licensed clinical professional, or had a positive test for HIV infection performed by a doctor or other licensed clinical professional? If yes, select each person: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Child 5 The person(s) named will not be covered under the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Coverage Information</b>		<b>Yes</b>	<b>No</b>
O1	Does any applicant now have, or is any applicant currently applying for, other hospital or medical expense insurance that <b>will not</b> terminate prior to the requested effective date? (Other hospital or medical expense insurance does not include fixed indemnity insurance.) If yes, select each person: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Child 5 The person(s) named will not be covered under the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>



## Anthem Enhanced Choice

Call us at 1-844-285-5165 Anthem Blue Cross Blue Shield  
Open Monday - Friday 8:30 AM - 8:00 PM EST

### Health History Questions

When answering questions on this enrolment application, the information provided for each individual should include only information about that individual and should not include any genetic information. Genetic information includes family medical history and information related to the individual's genetic testing, genetic services, genetic counseling, or genetic diseases for which the individual may be at risk. All responses pertaining to an individual will only be considered and applied to the individual in question.

1. Is any applicant currently pregnant (includes positive pregnancy test within the last 30 days), an expectant parent, or in the process of adoption or surrogate pregnancy?

- Yes  No

2. Within the past 12 months, has any applicant been diagnosed or had treatment for any of the following (please select all that apply)?

- Yes

- AIDS, AIDS Related Complex (ARC), or HIV  Cancer with Chemo or radiation treatment  Cerebral Palsy  Cirrhosis  
 Heart attack/surgery  Hemophilia  Hospital confined for mental disorder or substance abuse  Multiple Sclerosis  
 Muscular Dystrophy  Transplant (other than cornea)

- No

3. Within the past 12 months, have you, your spouse, or any dependent 21 or over used tobacco?

- Yes  No

4. Within the last 30 days, has any applicant been admitted to an inpatient hospital or surgical facility?

- Yes  No

5. Is any applicant currently being treated, been treated for, or been advised to seek treatment or counseling for any of the following (please select all that apply)?

- Yes

- Back/spinal disorder  Blood disorders  Brain tumor  Cancer  Chemical dependency/alcoholism  
 Chronic respiratory/lung disease  Crohn's Disease/ulcerative colitis  Diabetes  Epilepsy  Heart Disease  
 High blood pressure  Immune system disorders  Kidney disorder  Liver Disease  
 Major depression or other mental disorder  Multiple sclerosis  Muscular or joint disorder  Nervous system disorders  
 Obesity  Other  Stomach or digestive disorder  Stroke  Transplants

No

6. Does any applicant regularly take medication (other than birth control or over-the-counter medication)?

Yes  No



1. Will any applicant have other health insurance in force on the policy effective date or be eligible for Medicaid

Please Make a Selection

Yes  No



2. Are you or any applicant:  
a. Now pregnant, an expectant father, in process of adoption, or undergoing infertility treatment?  
b. Over 300 pounds if male or over 250 pounds if female?

Please Make a Selection

Yes  No



3. Within the last 5 years has any applicant been diagnosed, treated, or taken medication for or experienced signs or symptoms of any of the following: cancer or tumor, stroke, heart disease including heart attack, chest pain or had heart surgery, COPD(chronic obstructive pulmonary disease) or emphysema, Crohn's disease, liver disorder, degenerative disc disease or herniation / bulge, rheumatoid arthritis, kidney disorder, diabetes, degenerative joint disease of the knee, alcohol abuse or chemical dependency, or any neurological disorder?

Please Make a Selection

Yes  No



4. Within the last 5 years has any applicant been diagnosed or treated by a physician or medical practitioner for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?

Please Make a Selection

Yes  No



5. Have you been hospitalized for mental illness in the last 5 years or have you seen a psychiatrist on more than 5 times during the last 12 months?

Please Make a Selection

Yes  No