

Name of Applicant 1: _____ Name of Applicant 2: _____

Please complete the Medical Questionnaire. If you are unsure about how to answer any of these questions please consult your physician.

MEDICAL QUESTIONNAIRE				
	Applicant 1		Applicant 2	
10. In the 5 years prior to application have you been diagnosed with, treated or ordered by a physician to take medication or been hospitalized for any of the following:				
Heart attack, aneurysm, angioplasty, atrial fibrillation, artery bypass surgery, cardiac surgery, angina, irregular heartbeat, pacemaker, thrombosis, phlebitis, pulmonary oedema	YES	NO	YES	NO
Chronic asthma, chronic bronchitis, pneumonia	YES	NO	YES	NO
Diabetes (requiring medication)	YES	NO	YES	NO
Stroke or mini-stroke (TIA or transient ischemic attack)	YES	NO	YES	NO
Carotid artery stenosis (blocked or clogged arteries in the legs or neck)	YES	NO	YES	NO
Liver disease/condition	YES	NO	YES	NO
Cancer (excluding basal cell skin cancer)	YES	NO	YES	NO
Kidney disease that required dialysis, now no longer on dialysis	YES	NO	YES	NO

If you answered **YES** to any condition in question 10, you qualify for the **Bronze** plan. Please proceed to question 16.

If you answered **NO**, proceed to question 11.

11. In the 24 months prior to application, how many of the following medical conditions have you been diagnosed with, treated for or ordered by a physician to take medication for?				
Kidney disease	YES	NO	YES	NO
Gastrointestinal bleeding	YES	NO	YES	NO
Alzheimer's disease/dementia	YES	NO	YES	NO
Pancreatitis	YES	NO	YES	NO
Chronic bowel disease	YES	NO	YES	NO
Bowel obstruction	YES	NO	YES	NO

If you have **TWO OR MORE** of the conditions in question 11, you qualify for the **Bronze** plan. Proceed to question 16.

If you have **ONE** of the conditions in question 11, you qualify for the **Silver** plan. Proceed to question 16.

If you have **NONE** of the conditions in question 11, proceed to question 12.

12. In the 12 months prior to application, have you been diagnosed with or undergone a change in medical treatment (including an alteration in medication dosage or usage) for high blood pressure AND had any of the following conditions?				
High cholesterol	YES	NO	YES	NO
Diabetes (not requiring medication)	YES	NO	YES	NO
Gallbladder disease	YES	NO	YES	NO
Osteoporosis	YES	NO	YES	NO
Arthritis	YES	NO	YES	NO

If you answered **YES** to high blood pressure **AND** any other conditions in question 12, you qualify for the **Silver** plan. Proceed to question 16.

If you answered **NO** to question 12, proceed to question 13.

13. Have you ever been treated for a heart disease/condition (excluding congenital heart disease)?	YES	NO	YES	NO
14. Was your last regular check-up with a physician more than 24 months ago?	YES	NO	YES	NO
15. Have you had a fall that you reported to a physician in the last 6 months?	YES	NO	YES	NO

If you answered **YES** to question 13, 14 or 15 you qualify for the **Silver** plan. Proceed to question 16.

If you answered **NO** to questions 13, 14 and 15 you qualify for the **Gold** plan. Proceed to question 16.

