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.

Quote Today — UHOne.com/Broker

Application Questions			
General Information		**Yes**	**No**
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: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 The person(s) named will not be covered under the policy/certificate.	☐	☐
G2	Has any applicant lived in the 50 states of the USA or the District of Columbia for **less than** the past 12 months? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 The person(s) named will not be covered under the policy/certificate.	☐	☐
G3	During the past 12 months, has any applicant smoked cigarettes or e-cigarettes or used tobacco in any form (including smokeless tobacco) or nicotine substitute? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
Medical History Information		**Yes**	**No**
M1	Is any applicant currently pregnant, an expectant parent, in the process of adopting a child, or undergoing infertility treatment? **If yes, coverage cannot be issued.**	☐	☐
M2	Within the last 5 years, has any applicant received medical or surgical consultation, advice, or treatment, including medication, for **any of the following:** 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: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 The person(s) named will not be covered under the policy/certificate.	☐	☐
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: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 The person(s) named will not be covered under the policy/certificate.	☐	☐
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: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 The person(s) named will not be covered under the policy/certificate.	☐	☐
M5	**Note: Only answer the following question if applying for a Plus plan.** Within the last 5 years, has any applicant received diagnosis, treatment, counseling, consultation, advice, or medication for any mental disorder or for alcohol or drug abuse? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 The person(s) named will not be covered under the policy/certificate.	☐	☐

Application Questions *(continued)*			
Other Coverage Information		**Yes**	**No**
O1	Does any applicant now have, or is any applicant currently applying for, other hospital or medical expense insurance that **will not** terminate prior to the requested effective date? (Other hospital or medical expense insurance does not include fixed indemnity insurance.) If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4 The person(s) named will not be covered under the policy/certificate.	☐	☐
For Applicants with Current Short Term Medical Coverage With Us		**Yes**	**No**
S1	Does any applicant currently have short term limited duration medical insurance coverage with Golden Rule Insurance Company that will **not** terminate prior to the requested effective date? If yes, please answer question a below.	☐	☐
	a. Do you want to terminate the current short term medical coverage the effective date of the new policy/certificate, if issued? If yes: i. Any illness, injury, or condition that began during the current coverage will be considered a preexisting condition under the new policy/certificate and may not be covered; and ii. Any deductible amount, coinsurance percentage and other amounts paid by you under your current coverage do **not** count toward the new policy/certificate. If you answer no to question S1a, the effective date of the new policy/certificate, if issued, will be the date your current short term medical coverage terminates.	☐	☐