


Additional Applicant Info

 Need Help?
Contact us today!

623-535-8299



1. Is any applicant now pregnant, an expectant parent, in the process of adopting, in the process of surrogate pregnancy or undergoing infertility treatment?

Please Make a Selection

Yes No



2. Within the last 5 years, has any applicant received medical or surgical treatment, consulted a health care professional, or has medication been prescribed or recommended for the following:

- a. Heart disorder
- b. Coronary Artery Disease (CAD), Heart Attack, or a heart procedure
- c. Stroke, Transient Ischemic Attack (TIA) or Carotid Artery Disease
- d. Crohn's Disease or Ulcerative Colitis
- e. Liver disorders
- f. Kidney disorders
- g. Emphysema, Chronic Obstructive Pulmonary Disease (COPD)
- h. Diabetes or Prediabetes
- i. Cancer, Tumor, Lump, or Mass
- j. Alcoholism, Alcohol or Chemical Dependency, or Drug or Alcohol Abuse
- k. Neck or Back Disorder, Joint Replacement
- l. Bipolar Disorder or Schizophrenia
- m. Systemic Lupus Erythematosus or Multiple Sclerosis (MS)

Please Make a Selection

Yes No



3. Within the last 5 years, has any applicant received medical or surgical treatment, consulted a health care professional, or has medication been prescribed or recommended for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?

Please Make a Selection

Yes No



4. In the last 12 months, has any applicant:

- a. Been recommended or scheduled for testing (excluding routine), treatment, follow-up, or surgery that has not been completed?
- b. Consulted a health care professional for signs and symptoms of a medical condition for which a diagnosis has not been determined or a final diagnosis has not been communicated or determined?

Please Make a Selection

Yes No