Sample Application Questions – CriticalGuard

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.

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Application Questions			
General Information		Yes	No
G1	Does any applicant now have (or currently applying for) other critical illness or lump sum benefit insurance for cancer or other specified conditions of $75,000 benefit amount or more that will not terminate prior to the requested effective date? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
If the primary applicant is age 18-74 and selected a Benefit Lifetime Maximum Amount of $5,000, or age 18-64 and selected a Benefit Lifetime Maximum amount of $10,000, you do not need to complete any of the following questions. Please proceed to the Statement of Understanding.			
If a question listed below is answered yes for any applicant, I understand that applicant will not be covered under the policy.			
Medical History Information		Yes	No
Complete the following Application Questions if you selected a Cancer only plan.			
M1	Is any applicant currently confined to a hospital, nursing home, wheelchair or bedridden, or under hospice care? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
M2	During the past 12 months, has any applicant:		
	a. Experienced unexplained weight loss, fatigue, dizziness, or seizures? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	b. Received medical care from a member of the medical profession for a condition that has yet to be diagnosed? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	c. 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	☐	☐
	d. Experienced recurrent breast tumors, unexplained tumors/growths, or abnormal pap smear without normal follow-up pap smear? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
M3	During the past 5 years, has any applicant been diagnosed with or received medical or surgical care from a member of the medical profession for any of the following:		
	a. Chronic obstructive pulmonary disease (COPD) or any chronic lung disease, emphysema, cystic fibrosis, or pulmonary fibrosis? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	b. Diabetes (except gestational diabetes), organ transplant (or awaiting an organ transplant), bone marrow transplant, chronic kidney disease or disorder (not including stones), chronic liver disease including cirrhosis, hepatitis B, or hepatitis C? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	c. AIDS, HIV infection, or any AIDS related condition? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	d. Any cancer (excluding basal cell or squamous cell skin cancer), carcinoma in situ, leukemia, or Hodgkin's or non-Hodgkin's lymphoma? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	e. Recurrent human papillomavirus (HPV)? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐

Complete the following Application Questions if you selected a Heart/Stroke only plan.			
M4	Is any applicant currently confined to a hospital, nursing home, wheelchair or bedridden, or under hospice care? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
M5	During the past 12 months, has any applicant:		
	a. Experienced unexplained weight loss, fatigue, dizziness, or seizures? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	b. Received medical care from a member of the medical profession for a condition that has yet to be diagnosed? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	c. 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	☐	☐
	d. Experienced circulatory problems (such as vascular insufficiency), pulmonary hypertension, uncontrolled hypertension/high blood pressure, chest pains, irregular heartbeat or tachycardia? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
M6	During the past 5 years, has any applicant been diagnosed with or received medical or surgical care from a member of the medical profession for any of the following:		
	a. Chronic obstructive pulmonary disease (COPD) or any chronic lung disease, emphysema, cystic fibrosis, or pulmonary fibrosis? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	b. Diabetes (except gestational diabetes), organ transplant (or awaiting an organ transplant), bone marrow transplant, chronic kidney disease or disorder (not including stones), chronic liver disease including cirrhosis, hepatitis B, or hepatitis C? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	c. AIDS, HIV infection, or any AIDS related condition? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	d. Any cancer (excluding basal cell or squamous cell skin cancer), carcinoma in situ, leukemia, or Hodgkin's or non-Hodgkin's lymphoma? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	e. Disease or disorder of the heart or circulatory system, heart attack, cardiomyopathy, bypass/stent/angioplasty, atrial fibrillation, implant of pacemaker/defibrillator, renal hypertension, heart surgery (including valve replacement or correction), or congestive heart failure? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	f. Stroke/transient ischemic attack (TIA), thrombosis, embolism, or hemophilia? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	g. Paralysis, multiple sclerosis, muscular dystrophy, or amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	h. Systemic lupus erythematosus (SLE), Parkinson's, Alzheimer's, or senile dementia? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
Complete the following Application Questions if you selected a Cancer + Heart/Stroke plan.			
M7	Is any applicant currently confined to a hospital, nursing home, wheelchair or bedridden, or under hospice care? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
M8	During the past 12 months, has any applicant:		
	a. Experienced unexplained weight loss, fatigue, dizziness, or seizures? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	b. Received medical care from a member of the medical profession for a condition that has yet to be diagnosed? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	c. 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	☐	☐
	d. Experienced recurrent breast tumors, unexplained tumors/growths, or abnormal pap smear without normal follow-up pap smear? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐

	e. Experienced circulatory problems (such as vascular insufficiency), pulmonary hypertension, uncontrolled hypertension/high blood pressure, chest pains, irregular heartbeat or tachycardia? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
M9	During the past 5 years, has any applicant been diagnosed with or received medical or surgical care from a member of the medical profession for any of the following:		
	a. Chronic obstructive pulmonary disease (COPD) or any chronic lung disease, emphysema, cystic fibrosis, or pulmonary fibrosis? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	b. Diabetes (except gestational diabetes), organ transplant (or awaiting an organ transplant), bone marrow transplant, chronic kidney disease or disorder (not including stones), chronic liver disease including cirrhosis, hepatitis B, or hepatitis C? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	c. AIDS, HIV infection, or any AIDS related condition? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	d. Any cancer (excluding basal cell or squamous cell skin cancer), carcinoma in situ, leukemia, or Hodgkin's or non-Hodgkin's lymphoma? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	e. Recurrent human papillomavirus (HPV)? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	f. Disease or disorder of the heart or circulatory system, heart attack, cardiomyopathy, bypass/stent/angioplasty, atrial fibrillation, implant of pacemaker/defibrillator, renal hypertension, heart surgery (including valve replacement or correction), or congestive heart failure? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	g. Stroke/transient ischemic attack (TIA), thrombosis, embolism, or hemophilia? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	h. Paralysis, multiple sclerosis, muscular dystrophy, or amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	i. Systemic lupus erythematosus (SLE), Parkinson's, Alzheimer's, or senile dementia? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
Complete the following Application Questions if you selected a Critical Illness plan.			
M10	Is any applicant currently confined to a hospital, nursing home, wheelchair or bedridden, or under hospice care? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
M11	During the past 12 months, has any applicant:		
	a. Experienced unexplained weight loss, fatigue, dizziness, or seizures? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	b. Received medical care from a member of the medical profession for a condition that has yet to be diagnosed? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	c. 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	☐	☐
	d. Experienced recurrent breast tumors, unexplained tumors/growths, or abnormal pap smear without normal follow-up pap smear? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	e. Experienced circulatory problems (such as vascular insufficiency), pulmonary hypertension, uncontrolled hypertension/high blood pressure, chest pains, irregular heartbeat or tachycardia? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	f. Been admitted to a nursing home for an overnight stay for 2 or more times? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
M12	During the past 5 years, has any applicant been diagnosed with or received medical or surgical care from a member of the medical profession for any of the following:		
	a. Chronic obstructive pulmonary disease (COPD) or any chronic lung disease, emphysema, cystic fibrosis, or pulmonary fibrosis? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐

	b. Diabetes (except gestational diabetes), organ transplant (or awaiting an organ transplant), bone marrow transplant, chronic kidney disease or disorder (not including stones), chronic liver disease including cirrhosis, hepatitis B, or hepatitis C? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	c. AIDS, HIV infection, or any AIDS related condition? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	d. Any cancer (excluding basal cell or squamous cell skin cancer), carcinoma in situ, leukemia, or Hodgkin's or non-Hodgkin's lymphoma? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	e. Recurrent human papillomavirus (HPV)? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	f. Disease or disorder of the heart or circulatory system, heart attack, cardiomyopathy, bypass/stent/angioplasty, atrial fibrillation, implant of pacemaker/defibrillator, renal hypertension, heart surgery (including valve replacement or correction), or congestive heart failure? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	g. Stroke/transient ischemic attack (TIA), thrombosis, embolism, or hemophilia? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	h. Paralysis, multiple sclerosis, muscular dystrophy, or amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐
	i. Systemic lupus erythematosus (SLE), Parkinson's, Alzheimer's, or senile dementia? If yes, select each person: ☐Primary ☐Spouse ☐Child 1 ☐Child 2 ☐Child 3 ☐Child 4	☐	☐