## **AARP - United Supplement Medical Questions**

<b>Answer this health question</b> . If you answer YES or NOT SURE, was additional information.	ve may follow up for
<b>5A.</b> Within the past 2 years, did a medical professional provide treatment or advice to you for any problems with your kidneys other than kidney stones?	
<b>Answer these health questions.</b> If you answer YES to any question for coverage. If you answer NOT SURE, we may follow up for according to the support of th	ion, you are not eligible Iditional information.
<ul> <li>6A. Were you hospitalized as an inpatient (not including overnight Outpatient observation)</li> <li>within the past 90 days or</li> <li>3 or more times within the past 2 years?</li> </ul>	
<b>6B.</b> Are you confined to a bed, receiving home health care, or currently being treated or living in any type of nursing facility other than an assisted living facility?	
<b>6C.</b> Within the past 2 years, did you receive IV infusions or injections for Primary Immunodeficiency Syndrome?	
<b>6D.</b> Has a medical professional ever told you that you have End-Stage Renal (Kidney) Disease (ESRD) or that you may or will require dialysis?	
<b>6E.</b> Within the past 5 years, were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for:  ■ Leukemia, Lymphoma or Multiple Myeloma?	
<ul> <li>6F. Within the past 3 years, were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for:</li> <li>Cancer (other than Leukemia, Lymphoma, or Multiple Myeloma)</li> <li>Melanoma or Metastatic Merkel Cell (but not other skin cancers)?</li> </ul>	
<ul> <li>6G. Within the past year, did a medical professional tell you that you may need any of the following that has NOT been completed:</li> <li>Any surgery, biopsy, further evaluation, treatment, or diagnostic testing?</li> </ul>	
<b>6H</b> Δre you awaiting any diagnostic test results?	

Answer these health questions. If you answer YES to any question the Level 2 rate (see "Cover Page – Rates"). If you answer NOT Support additional information.	
<ul> <li>7A. Within the past 5 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?</li> <li>Pulmonary Heart Disease, Heart Failure, Ventricular Tachycardia, or a cardiac</li> </ul>	
defibrillator	
<ul> <li>Diabetes, but only if you have Neuropathy, Retinopathy, any kidney problems, proteinuria, or any circulation problems</li> </ul>	
<ul> <li>Liver Fibrosis or Cirrhosis, Liver Failure or Chronic Kidney Disease (CKD)</li> </ul>	
<ul> <li>Amyotrophic Lateral Sclerosis (ALS) or Multiple Sclerosis (MS)</li> </ul>	
<ul> <li>Alzheimer's Disease, Dementia, or Parkinson's Disease</li> </ul>	
<ul> <li>Any condition that resulted in, or will require a bone marrow, stem cell, or organ transplant</li> </ul>	
<b>7B.</b> Within the past 2 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?	
<ul> <li>Artery blockage, or had bypass surgery, stents, or balloon angioplasty</li> </ul>	
<ul> <li>Heart Attack, Cardiomyopathy, an Enlarged Heart, or Atrial Fibrillation</li> </ul>	
Carotid Artery Disease, Stroke, Transient Ischemic Attack (TIA), or Mini-Stroke	
Peripheral Vascular Disease (PVD) or Amputation due to disease	
Chronic Obstructive Pulmonary Disease (COPD), Emphysema, or Cystic Fibrosis	
<ul> <li>Any lung or respiratory disorder:         <ul> <li>requiring the use of a nebulizer or oxygen,</li> <li>on 3 or more medications, or</li> <li>currently using tobacco products</li> </ul> </li> </ul>	
Hemophilia, Hepatitis (other than A) or Pancreatitis	
<ul> <li>Osteoporosis, but only if you received injections or have had a fracture</li> </ul>	
<ul> <li>Spinal Stenosis, Quadriplegia, Paraplegia, or Hemiplegia</li> </ul>	
<ul> <li>Psoriatic Arthritis or Rheumatoid Arthritis</li> </ul>	
<ul> <li>Systemic Lupus Erythematosus (SLE) or Myasthenia Gravis</li> </ul>	
<ul> <li>Macular Degeneration, but only if you have the Wet form</li> </ul>	
Bipolar Disorder or Schizophrenia	
<ul> <li>Alcoholism or Drug Abuse</li> </ul>	
<ul> <li>Within the past 2 years, did you receive any of the following:</li> <li>Skin grafts, or</li> <li>Blood transfusions, IV infusions or injections (not including vaccinations or B12 injections) for any of the following conditions?</li> <li>Asthma</li> <li>Connective tissue disorders</li> <li>Eye disorders</li> <li>Eye disorders</li> <li>Genetic or Hereditary disorders</li> <li>Migraine headaches</li> <li>Osteoarthritis</li> </ul>	

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First Name	Last Name	
		e is not guaranteed as defined in will be the tobacco rate (see "Cover
<b>8A.</b> At any time within the past 12 m any other tobacco product?	nonths, have you smoked tobacco cigare	ttes or used
9 Your past and current of	coverage	
Review the statements.		
<ul> <li>You do not need more than one Me</li> </ul>	edicare supplement policy.	
<ul> <li>You may want to evaluate your exit</li> </ul>	isting health coverage and decide if you	need multiple coverages.
,	nder Medicaid and may not need a Medi	
supplement policy can be suspended must request this suspension within	d, if requested, during your entitlement t 190 days of becoming eligible for Medic ent policy (or, if that is no longer availa	benefits and premiums under your Medicare to benefits under Medicaid for 24 months. You aid. If you are no longer entitled to Medicaid, ble, a substantially equivalent policy) will be
covered by an employer or union-bapolicy can be suspended, if requeste suspend your Medicare supplement health plan, your suspended Medicare	ased group health plan, the benefits and ed, while you are covered under the emp policy under these circumstances, and I	by reason of disability and you later becomed premiums under your Medicare supplement bloyer or union-based group health plan. If you ater lose your employer or union-based group ger available, a substantially equivalent policy ion-based group health plan.
insurance and concerning medical as:		erning your purchase of Medicare supplement ram, including benefits as a Qualified Medicare
PLEASE ANSWER ALL QUESTION To the best of your knowledge,	NS.	
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Questions about Medicaid			
<b>9A.</b> Are you covered for medical assistance through the state Medicaid program?			
(Medicaid is a state-run health care program that helps with medical costs for people with low or limited income. It is not the federal Medicare program.) Note to applicant: If you are participating in a "Spend-down Program" and have not met your "Share of Cost", answer NO to this question.  If YES, you must answer Questions 9B and 9C.			
II 1E3, you must answer questions 3D and 3C.			
<b>9B.</b> Will Medicaid pay your premiums for this Medicare supplement policy?			
<b>9C.</b> Do you receive any benefits from Medicaid other than payments toward your Medicare Part B premium?			
Questions about Medicare Advantage plans (sometimes called Medicare Part C)			
<b>9D.</b> Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, a Medicare HMO, or PPO)? <b>If YES, you must answer Questions 9E through 9H.</b>			