



<b>In the past 5 years has any applicant seen a doctor, been diagnosed with, had treatment, hospitalization, medications, tests, or has been advised to have treatment or surgery for anything of the following</b>			
a. <i>Heart attack, brain tumor, stroke, heart disease or heart problems?</i>		e. <i>Kidney failure, dialysis, or disorder of the liver, stomach, pancreas, colon or bladder?</i>	
YES	NO	YES	NO
b. <i>Cancer, tumor, lymphoma, or any type of transplant?</i>		f. <i>Seizures, epilepsy, hemophilia, Sleep Apnea or blood disorder?</i>	
YES	NO	YES	NO
c. <i>Any surgery or hospitalization in the last 5 years, OR any currently pending, planned or recommended?</i>		g. <i>Diabetes, endocrine, Auto Immune, Crohn's Disease or Arthritis or pituitary disorder, growth disorder, lupus, MS, AIDS, or HIV+?</i>	
YES	NO	YES	NO
d. <i>Emphysema or COPD?</i>		h. <i>Currently pregnant, premature delivery, or multiple births? Pending due date</i>	
YES	NO	YES	NO

i. Are you taking or have you taken any medications in the last 12 months? (If yes you must list all below.)		YES	NO
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Medication Name	Medication Dosage	Medication Frequency

**If you answered YES to ANY of the above Health Questions, please provide explanations in boxes below**

Letter:	Applicant Name:	Condition/ Diagnosis:	Date of onset:	Date of recovery?	Current Treatment? YES    NO	Taking Medication? YES    NO
Treatment Given or needed?		Medication names:		Surgery or Hospitalization?		

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Treatment Given or needed?		Medication names:		Surgery or Hospitalization?		

## **Billing Application**

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Requested effective date (mm/dd/year)

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### **Billing Information – Invoices should be sent to:**

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

**Representative:** \_\_\_\_\_

### **Payment Options:**

- EFT-Direct Withdrawal (No Charge, please complete authorization form below)

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## **EFT AUTHORIZATION**

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\_\_\_\_\_  
Bank Route Code#

\_\_\_\_\_  
Bank Account#

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_