If you are age 64.5 to 65.5 on the date of this application, the applicant(s) in that age range may skip Section 3 and continue with Section 4.

Section 3 | Medical Information |

Applicant: Height: ____ ft. _____ in. Weight _____lbs.

Spouse/Domestic Partner: (if applying): Height: ____ ft. ____ in. Weight _____lbs.

		Self	Spouse /DP	Child (ren)
1.	Has any person applying for coverage been advised in the *past 2 years* by a Licensed Health Care Practitioner to: • have surgery or therapy which would require an inpatient hospital stay which has not yet been completed, or • have diagnostic tests which have not yet been completed or for which results have not yet been received?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
2.	Is any person applying for coverage currently pregnant, bedridden, confined to a wheelchair, receiving home healthcare services, staying in a nursing home, or receiving medical assistance at an assisted living facility?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
3.	Has any person applying for coverage been hospitalized 3 or more times in the *past 2 years*?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
4.	In the *past 2 years*, has any person applying for coverage been diagnosed with, treated for, or received medical advice from a Licensed Health Care Practitioner for:			
a.	Diabetes requiring Insulin, Kidney Failure, Kidney Dialysis, Cirrhosis of the Liver, or Hepatitis C?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
b.	Cancer (other than Basal Cell), Leukemia, Hodgkin's Disease, or Lymphoma?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
c.	Congestive Heart Failure, Heart Surgery of any type, Stroke (CVA), or Transient Ischemic Attack (TIA)?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
d.	Emphysema, Chronic Obstructive Pulmonary Disease (COPD) or the use of oxygen to assist in breathing?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
e.	Alzheimer's Disease, Senile Dementia, Amyotrophic Lateral Sclerosis (ALS), Parkinson's Disease, Systemic Lupus Erythematosus, Hemophilia, or Neurological Disorders (other than Attention Deficit Hyperactivity Disorder, benign essential tremor and migraine disorder)?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
f.	Having or testing positive for Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
g.	Multiple Sclerosis, Muscular Dystrophy, Cerebral Palsy, or Cystic Fibrosis?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No