

# Final Expense health question guide

## HEALTH QUESTIONS

**Any “yes” answers to questions 1-10 will qualify for the guaranteed issue plan.**

1. Are you currently or have you been advised in the past 3 months by a licensed member of the medical profession to be hospitalized, confined to a nursing facility, receiving home health care, or in hospice?
2. Do you require assistance from anyone with the following activities of daily living: taking medications, bathing, dressing, eating, toileting, transferring from a chair or bed, moving about, or are you confined to a bed?
3. Do you require use of an electric scooter or are you confined to a wheelchair as advised by a licensed member of the medical profession due to a chronic medical condition or illness?
4. Do you require the use of oxygen or oxygen equipment to assist with breathing?
5. Do you currently have or are you being treated by a licensed member of the medical profession for any form of cancer (excluding basal cell skin cancer) or have you been treated for a recurrence of a previous cancer or metastatic cancer (cancer that has spread to other parts of the body)?
6. In the past 24 months have you been diagnosed, treated, tested positive, given medical advice, recommended to have treatment, or prescribed medication by a licensed member of the medical profession for:
  - Alzheimer’s disease, dementia, or organic brain disorder;
  - terminal illness that is expected to result in death within the next 12 months;
  - amyotrophic lateral sclerosis (ALS);
  - congestive heart failure or cardiomyopathy;
  - amputation due to disease;
  - sickle cell anemia;
  - respiratory failure, cystic fibrosis, or pulmonary fibrosis;
  - kidney failure, chronic kidney disease, or kidney dialysis;
  - cirrhosis of the liver, liver failure, or any other chronic liver disease;
  - organ or bone marrow transplant;
  - diabetes with complications or in combination with a prior diagnosis of: stroke/TIA, heart disease or disorder, neuropathy, kidney disease, any circulatory disease that affects the heart and/or blood vessels, diabetic coma, or insulin shock?
7. Were you diagnosed by a licensed member of the medical profession with diabetes prior to age 30?
8. Have you been treated for or diagnosed by a licensed member of the medical profession with acquired immune deficiency syndrome (AIDS), AIDS-related complex (ARC), or tested positive for human immunodeficiency virus (HIV)?
9. Within the past 12 months have you had any treatment, diagnostic testing, surgery, or hospitalization recommended by a medical professional which have not been completed or for which the results have not been received?
10. Within the past 12 months have you had any unexplained weight gain or loss greater than 10 pounds?

**Any “yes” answers to questions 11-13 will qualify for the graded benefit plan if the prescription drug check comes back with no issues.**

11. In the past 36 months have you been diagnosed, treated, tested positive, given medical advice, recommended to have treatment, or prescribed medication by a licensed member of the medical profession for:
  - neuromuscular disease, Parkinson’s disease, or multiple sclerosis;
  - internal cancer (excluding basal cell skin cancers), malignant melanoma, leukemia, Hodgkin’s disease, myeloma, or lymphoma?

12. In the past 24 months have you been diagnosed, treated, tested positive, given medical advice, or prescribed medication by a licensed member of the medical profession for:

- angina;
- systemic lupus;
- drug or alcohol abuse, dependency, or addiction, illegal drug use or misused prescription drugs;
- hepatitis B, C, or chronic hepatitis;
- chronic pulmonary disease, emphysema, chronic obstructive pulmonary disease (COPD), or chronic bronchitis or required the use of oxygen or oxygen equipment?

13. In the past 24 months, have you been diagnosed, treated, had surgery, or has treatment or surgery been recommended by a licensed member of the medical profession for:

- heart attack;
- embolism or blood clot;
- stroke or TIA (mini stroke);
- irregular heart rhythm;
- seizures;
- aneurysm;
- heart, brain, or circulatory surgery, including:
  - pacemaker or defibrillator placement;
  - cardioversion;
  - stent placement;
  - bypass;
  - angioplasty;
  - ablation;
  - valve replacement or repair?

**To qualify for the Great Assurance® (first day coverage) plan, applicants must answer “no” to all the questions listed above and have no issues on the prescription drug check.**

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