



# Health Knockout Questions

Answer 'NO' to ALL Questions and You Are IN!

**Is the applicant, spouse/domestic partner/significant other, dependent children, or any other member of their household currently being treated for, or expect to be treated for any of the following over the next 12 months?**

**Organ failure, leading to bone marrow or organ transplant \***

- Yes
- No

**Any genetic condition that requires cell or gene therapy treatments? \***

- Yes
- No

**Any cancer that requires chemotherapy, radiation, bone marrow treatments, and/or cell therapy treatments? \***

- Yes
- No

**Kidney failure requiring dialysis treatments? \***

- Yes
- No

**High-risk pregnancy or pregnancies involving multiple fetuses? \***

- Yes
- No

**Hemophilia, or other blood clotting disorders? \***

- Yes
- No

**Has the applicant, spouse/partner, significant other, or dependent children been seen by a medical provider, had recommended treatment, received care (including prescriptions), or been hospitalized for any of the following within the last 5 years? This included any current treatment/medications/prescriptions.**

**Cancer \***

- Yes
- No

**Heart Disease (such as heart surgery, including bypass surgery/CABG, heart attack, stroke, heart failure (do not include high blood pressure) \***

- Yes
- No

**Home Bound, incapacitated or incapable of carrying out daily activities (such as dressing, bathing, or feeding) \***

- Yes
- No



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**Autoimmune or blood disease, such as Lupus, MS, Anemia, AIDS, HIV, Hemophilia, IBS, or Chrons \***

Yes  
No

**Organ failure/transplant for Kidney, Liver, Lung, or Heart \***

Yes  
No

**Organ support, such as dialysis or ECMO \***

Yes  
No

**Pregnant, expecting or receiving treatment to become pregnant \***

Yes  
No

**Hospitalized currently or in the past 5 years (this includes skilled nursing, mental health, substance treatment and rehabilitation facilities) \***

Yes  
No

**Respiratory Disorders, ,such as COPD, emphysema, chronic bronchitis or chronic pneumonia \***

Yes  
No

**Musculoskeletal Disorders, such as sciatica, osteoporosis, back disorder, Muscular Dystrophy, Cerebral Palsy, dermatomyositis, compartment syndrome \***

Yes  
No

**Substance Abuse or Dependency (including but not limited to alcohol, cocaine, meth, heroin, opioids) \***

Yes  
No

**Type 1 Diabetes \***

Yes  
No

**Major Surgery, in the past 5 years or any planned surgeries in the next 12 months \***

Yes  
No

**Neurological Disorder, such as Parkinson's Disease, epilepsy, stroke, Alzheimer's, MS (Multiple Sclerosis), ALS (Amyotrophic Lateral Sclerosis) \***

Yes  
No