

# HEALTH OPTION QUESTIONNAIRE

If you have any questions about how you should answer any question on this form, please consult your physician.

*Please complete in INK. ALL changes MUST be INITIALED.*

## STEP 1- PLEASE COMPLETE ALL SHADED AREAS "1 - 4": If you can answer **NO** to **ALL** of the questions in Step 1, you qualify for the **Optimum Health Option**.

Member Name \_\_\_\_\_ Policy # \_\_\_\_\_

Spouse Name \_\_\_\_\_ Policy # \_\_\_\_\_

1. In the past 10 years, have you been diagnosed with, or have you taken medication or been prescribed medication or received treatment for <b>ANY</b> of the following:				MEMBER Circle Y or N	SPOUSE Circle Y or N
a) heart condition,	MEMBER Y / N	SPOUSE Y / N	g) peripheral vascular disease,	Y / N	Y / N
b) lung condition (except an acute infection not requiring ongoing physician care or medication),	Y / N	Y / N	h) liver disorder,	Y / N	Y / N
c) high/low blood pressure,	Y / N	Y / N	i) kidney failure,	Y / N	Y / N
d) diabetes,	Y / N	Y / N	j) gastrointestinal bleeding, or	Y / N	Y / N
e) stroke, CVA (cerebrovascular accident),	Y / N	Y / N	k) cancer (except basal cell and squamous cell skin cancer or breast cancer treated only with Tamoxifen, Femara or Arimidex)?	Y / N	Y / N
f) mini-stroke, TIA (transient ischemic attack),	Y / N	Y / N			
2. Have you had heart bypass surgery or angioplasty <b>more than 10 years</b> ago?				Y / N	Y / N
3. In the past 60 months (5 years) have you used any tobacco product?				Y / N	Y / N
4. Was your last regular check-up with a physician or with a licensed nurse practitioner <b>more than 24 months</b> ago?				Y / N	Y / N

## STEP 2- PLEASE COMPLETE ALL SHADED AREAS "5 - 7": If you can answer **NO** to **ALL** questions in Step 2, you qualify for the **Preferred Health Option**.

5. In the past 5 years, have you taken medication, been prescribed medication, or received treatment for a heart condition?				MEMBER Y / N	SPOUSE Y / N
6. Are you <b>currently</b> taking or have you been prescribed medication for <b>diabetes</b> to control or prevent <b>diabetes</b> ?				Y / N	Y / N
7. In the past 12 months, have you been diagnosed with or have you taken medication or been prescribed medication or received treatment for <b>ANY</b> of the following:					
a) lung condition (except an acute infection not requiring hospitalization, ongoing physician care or ongoing medication),	MEMBER Y / N	SPOUSE Y / N	e) liver disorder,	MEMBER Y / N	SPOUSE Y / N
b) stroke, CVA (cerebrovascular accident),	Y / N	Y / N	f) kidney failure,	Y / N	Y / N
c) mini-stroke, TIA (transient ischemic attack),	Y / N	Y / N	g) gastrointestinal bleeding, or	Y / N	Y / N
d) peripheral vascular disease,	Y / N	Y / N	h) cancer (except basal cell and squamous cell skin cancer or breast cancer treated only with Tamoxifen, Femara or Arimidex)?	Y / N	Y / N

## STEP 3- STANDARD HEALTH OPTION: If you must answer **YES** to **ANY** question in Step 2, you qualify for the **Standard Health Option**. If both you AND your spouse qualify for the **Standard Health Option**, PLEASE **DO NOT RETURN THIS FORM**.

If you and/or your spouse qualify for the **Optimum** or **Preferred Health Option**, please sign and date this form and submit to Johnson Inc. who will adjust your policy upon receipt.

I/we have read the above and I/we understand it and declare that all answers to this medical questionnaire are accurate as **ANY** incorrect answers may affect my/our coverage rendering my/our policy null and void. I/we acknowledge that the policy that is issued to me/us on the basis of my/our answers to these questions is voidable and the premium paid is refundable at the sole discretion of Royal & Sun Alliance Insurance Company of Canada if any answer is not accurate.

I/we have accurately answered ALL questions above.

Member signature: \_\_\_\_\_ Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_



## HEALTH OPTION QUESTIONNAIRE - FREQUENTLY ASKED QUESTIONS

- 1. What does “treatment” of a medical condition mean?** Treatment means if you have been hospitalized, consulted a medical practitioner and received any advice, care, prescription or service from that medical practitioner. **Some examples are:**
  - medications, pain relievers or aspirin that have been taken/prescribed
  - prescribed diet or diet changes
  - prescribed oxygen
  - chemotherapy or radiation treatment
  - diagnostic tests performed or ordered
  - pacemaker/defibrillator (existing, inserted, repaired or wires changed)
  - medical procedures such as surgery, angioplasty, ablation, excision & drainage
- 2. What is a heart condition?** A heart condition is **ANY** condition affecting your heart, including, but not limited to the following:
  - myocardial infarction (heart attack)
  - heart failure (water on the lungs or swelling of the ankles/lower legs)
  - heart valve problems/mitral valve prolapse
  - irregular heart beat requiring medication, surgery, treatment, a pacemaker or a defibrillator
  - rapid or slow heart rates requiring medication, surgery, a pacemaker or a defibrillator
  - atrial fibrillation (even if you are only taking ASA or other medication to thin your blood)
  - heart murmur
  - pericarditis or endocarditis
  - cardiovascular conditions such as arterial sclerosis or problems with your arteries
  - angina (or chest pain related to your heart)
  - palpitations for which you have received medication or treatment
- 3. Is chest pain a heart condition?** Not always. You may have chest pain that is not related to your heart. However, angina is a heart condition. If your chest pain has been tested and your physician advised you that you do not have a heart condition, you can answer NO to questions 1a) and 5.
- 4. What is a lung condition?** A lung condition is **ANY** condition affecting your lungs, including, but not limited to the following:
  - asthma
  - pneumonia
  - asbestosis
  - allergies requiring prescribed puffers
  - emphysema
  - chronic bronchitis
  - chronic obstruction pulmonary disease (COPD)
  - fibrosis of the lungs
  - respiratory failure
- 5. What if I have been prescribed puffers by my doctor for emphysema or to prevent a cough, but I don't use them?**  
You must answer YES to questions 1b) and 7a).
- 6. How do I answer questions 1c), 1d) and 6 about high or low blood pressure and/or diabetes, if I have been prescribed medication as prevention for these conditions?** You must answer YES to questions 1c), 1d) and 6.
- 7. How do I answer questions 1k) and 7h) about cancer, if I had cancer in the past (more than 12 months ago), but it was treated and my physician has told me that I am cancer free at my follow-up appointment? Is my check-up considered treatment?** You may answer NO to question 1k) and question 7h) with regards to cancer if you did not receive any diagnosis, treatment, prescription or take any medication for cancer (excluding Tamoxifen, Femara or Arimidex) in the **past 10 years** for question 1k) or in the **past 12 months** for question 7h). A follow-up visit is not considered treatment if there were no findings of cancer, treatment provided or medication prescribed.
- 8. How do I answer questions 1d) and 6 about diabetes, if I am on a diet to control diabetes?**  
You must answer YES to question 1d) and you may answer NO to question 6 as it pertains to diabetes, unless you are also taking medication for the diabetes.
- 9. My medication has been changed from a name brand to a generic version. Will this affect the medical stability clause?**  
Sometimes doctors may change their patient's medication from a name brand to a generic brand instead. If your medication is changed from a name brand to a generic brand because it is less expensive (with no change in dosage) it would not be considered a change that would affect your stability. The same applies to the routine adjustment of Coumadin or Warfarin, insulin or oral medications to control diabetes, as long as it is not newly prescribed or you have stopped using the medication entirely.
- 10. What is considered a Regular check-up?** Regular check-up means any standard or customary medical examination unrelated to any specific *medical condition* and is carried out for the purpose of screening, health monitoring or preventative care and may include routine medical tests and investigations.
- 11. What is Peripheral Vascular Disease (PVD)?**  
PVD is the medical term that means narrowing or blockage of arteries outside of the heart and brain. The most common symptom of PVD is intermittent (comes and goes) pain and/or cramping in the lower leg due to inadequate blood flow to the muscles. One of the major diseases in this group is called atherosclerosis. Frequently, atherosclerosis is not confined to one artery but may involve arteries in other areas as well. Some of the more commonly affected peripheral areas are the arteries in the legs, arms, kidneys and neck.

*If you are unsure how to answer ANY question on the 'Health Option Questionnaire', please consult your physician, as ANY incorrect answers may affect your coverage rendering your policy null and void.*