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ANNUAL PLAN RENEWALS

Step 2 of 4: Get a Free Quote - Do you qualify?

Medical Questionnaire

You will need to truthfully answer "No" to these questions to be eligible to purchase this insurance.

1	Have you had heart bypass or valve surgery more than ten (10) years ago?	<input type="radio"/> Yes <input type="radio"/> No
2	Do you have BOTH diabetes (for which you require the use of medication) AND a heart condition?	<input type="radio"/> Yes <input type="radio"/> No
3	Have you ever received an organ transplant?	<input type="radio"/> Yes <input type="radio"/> No
4	In the past 2 years, have you: a) been prescribed or taken Lasix or furosemide for any condition; and/or b) had congestive heart failure; and/or c) required <i>treatment</i> with oxygen or prednisone (or other oral steroid medication, not including puffers) for a lung condition?	<input type="radio"/> Yes <input type="radio"/> No
5	In the past 12 months, have you: a) started <i>treatment</i> for and/or been diagnosed with a heart attack; stroke; transient ischemic attack (TIA); mini-stroke; or internal bleeding; and/or b) been diagnosed with cancer, or received chemotherapy or radiotherapy or any other <i>treatment</i> for cancer; and/or c) been hospitalized for 24 hours or more for a gastrointestinal disease or disorder?	<input type="radio"/> Yes <input type="radio"/> No

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The Manufacturers Life Insurance Company