



**LIFE INSURANCE APPLICATION -- PAGE 2 -- MEDICAL INFORMATION. PLEASE PRINT CLEARLY.**

This form must be completed by the member who is requesting **Employee Life** coverage. If you need to list additional information you feel is pertinent to the consideration of this application, please use a separate sheet of paper. Both pages of this form must be returned to: **OSEEIGIB, HCMD, P O BOX 57830, Oklahoma City, OK 73157-7830. Fax # 1-405-717-8997**

<b>MEMBER ID or SSN</b>	<b>AGE</b>	<b>SEX</b>	<b>WEIGHT</b>	<b>HEIGHT</b>
<b>MEMBER'S NAME</b>		<b>M F</b>		Feet Inches

**Tobacco Use?** Yes No Packs/Cigars per Day **Alcohol Use?** Yes No Cans/Drinks per week

Please **CIRCLE** all conditions below that you have received any type of treatment for. **On the line in front of the condition**, list the **LAST YEAR** in which you received treatment. Treatment includes but is not limited to office visit, surgery, lab, and medication.

Year	Year		
		List any conditions or surgeries you have had that are not already given on this form. Include the last year you were treated for the condition/surgery.	
		Acromegaly, Gigantism	
		Hemiplegia / Paraplegia / Quadriplegia	
		Adrenal Disorder	Hemophilia
		Agranulocytosis	Hepatitis B / Hepatitis C
		Alcohol Abuse	High Blood Pressure
		Alzheimer's / Organic Brain Syndrome	High Cholesterol
		Amputation (Disease Related)	HIV / AIDS
		Amyotrophic Lateral Sclerosis (ALS)	Hodgkin's Disease
		Anemia	Huntington's Chorea
		Aneurysm	Hydrocephalus
		Arthritis - Rheumatoid	Hyperlipidemia
		Asthma	Kidney Disease / Disorder
		Bipolar Depression	Leukemia / Lymphoma
		Blood Disease / Disorder	Liver Disease / Disorder
		Bronchitis (Chronic)	Lung Disease / Disorder
		Buerger's Disease	Lung Resection
		Cancer (Other than skin)	<b>Lupus</b>
		Cerebral Palsy	Discoid
		Chronic Fatigue Syndrome	Systemic
		Circulatory Disease / Disorder	Lyme's Disease
		Claudication (Leg pain when walking)	Malaria
		Closed Head Injury	Melanoma Cancer
		Coma	Meningitis
		Congenital Deformity	Mental Disease / Disorder
		COPD / Emphysema	Mental Retardation
		Crohn's Disease	Multiple Myeloma
		Cystic Fibrosis	Multiple Sclerosis
		Cystic Kidney Disease	Myasthenia Gravis
		Dementia / Senility	Neuromuscular Disease / Disorder
		Depression	Osteogenesis Imperfecta
		<b>Diabetes</b>	Osteomyelitis
		Type 1 - Insulin Dependent	Pancreatitis
		Type 2 - Non-Insulin Dependent	Parkinson's Disease / Tremor
		Digestive System Disorder	Peritonitis
		Drug Abuse	Pituitary Gland Dysfunction / Tumor
		Eating Disorder	Polycythemia
		Embolism	Prostate Disorder
		Encephalitis	Pulmonary Hypertension / Edema
		Epilepsy / Convulsion / Seizures	Pyelonephritis
		Esophageal Disorder	Raynaud's Disease
		Fibromyalgia	Renal Failure / Insufficiency
		Fistula	Rheumatic Fever
		Gastrectomy / Gastric Resection	Sarcoidosis
		Gastric Bypass / Stapling	Schizophrenia
		Glioma - Tumor	Sepsis
		Glomerulonephritis / Nephritis	Sickle Cell Anemia
		Guillain - Barre	Sleep Apnea
		<b>Heart Disease / Disorder</b>	Spina Bifida
		Angioplasty	Syncope
		Arrhythmia	Syphilis
		Cardiac Defibrillator Implantable	<b>Transplants</b>
		Cardiomyopathy	Bone Marrow
		Chest Pain / Angina	Heart
		Congenital Heart Disease	Kidney
		Congestive Heart Failure	Liver
		Coronary Artery Bypass	Lung
		Coronary Artery Disease	Pancreas
		CVA - TIA (stroke)	Thyroid Disease / Disorder
		Myocardial Infarction / Heart Attack	Tuberculosis
		Myocarditis	Tumor
		Valve Replacement	Ulcerative Colitis
		Valvular Heart Disease	Uremia
		Other Cardiac Surgery	Vascular Disease
			Vomiting/Coughing Up Blood