

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: EGID, HCMU, P O BOX 57830, Oklahoma City, OK 73157-7830. Fax # 1-405-717-8997

MEMBER ID or SSN	AGE	SEX	WEIGHT	HEIGHT	
MEMBER'S NAME		M	F	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	
		Acromegaly, Gigantism
		Adrenal Disorder
		Alcohol Abuse
		Alzheimer's
		Amputation (Disease Related)
		Amyotrophic Lateral Sclerosis (ALS)
		Anemia
		Aneurysm
		Arthritis - Rheumatoid
		Asthma
		Bipolar Disorder
		Blood Disease / Disorder
		Cancer (Other than skin)
		Cardiac Defibrillator Implantable
		Cardiomyopathy
		Cerebral Palsy
		Chronic Fatigue Syndrome
		Circulatory Disease / Disorder
		Claudication (Leg pain when walking)
		Closed Head Injury
		Coma
		within 5 years
		Congenital Deformity
		Congestive Heart Failure
		COPD / Emphysema
		Crohn's Disease
		Cystic Fibrosis
		CVA - TIA (stroke)
		Dementia / Senility
		Depression
		Diabetes
		Type 1 - Insulin Dependent
		Type 2 - Non-Insulin Dependent
		Must provide A1C results w/in 6
		Drug Abuse
		Eating Disorder
		Embolism
		Encephalitis
		Epilepsy / Convulsion / Seizures
		Factor V Leidens Disorder
		Fibromyalgia
		Fistula
		Gastrectomy / Gastric Resection
		Gastric Bypass / Stapling
		Within 5 years
		Greater than 5 years
		Glioma - Tumor
		Glomerulonephritis / Nephritis
		Guillain - Barre
		Within 3 years
		Greater than 3 years
		Head Injury
		Heart Disease / Disorder
		Angioplasty
		Arrhythmia
		Cardiomyopathy
		Chest Pain / Angina
		Congenital Heart Disease
		Coronary Artery Bypass
		Within 5 years
		Greater than 5 years
		Coronary Artery Disease
		Within 5 years
		Greater than 5 years
		Myocardial Infarction / Heart Attack
		Within 5 years
		Greater than 5 years
		Myocarditis
		Valve Replacement
		Valvular Heart Disease
		Within 5 years
		Greater than 5 years
		Other Cardiac Surgery
		Hemiplegia / Paraplegia / Quadriplegia
		Hemophilia
		Hepatitis B / Hepatitis C
		High Blood Pressure / High Cholesterol
		HIV / AIDS / ARC
		Hodgkin's Disease
		Hydrocephalus
		Kidney Disease / Disorder
		Leukemia / Lymphoma
		Liver Disease
		Lupus
		Discoid
		Systemic
		Malaria
		Melanoma Cancer
		Must Provide Path Report
		Meningitis
		Mental Disease / Disorder
		Mental Retardation
		Multiple Myeloma
		Multiple Sclerosis
		Muscular Dystrophy
		Myasthenia Gravis
		Within 5 years
		Greater than 5 years
		Myositis
		Neuromuscular Disease / Disorder
		Organic Brain Syndrome
		Osteogenesis Imperfecta
		Osteomyelitis
		Pancreatitis
		Within 3 years
		Greater than 3 years
		Parkinson's Disease
		Peritonitis
		Pituitary Gland Dysfunction / Tumor
		Within 3 years
		Greater than 3 years
		Plasmacytoma
		Polycythemia
		Within 3 years
		Greater than 3 years
		Prostate Disorder
		Pulmonary Hypertension
		Pulmonary Edema
		Pyelonephritis
		Renal Failure / Insufficiency
		Rheumatic Fever
		Sarcoidosis
		Schizophrenia
		Sepsis
		Sickle Cell Anemia
		Sleep Apnea
		Spina Bifida
		Syncope
		Syphilis
		Transplants
		Bone Marrow
		Heart
		Kidney
		Liver
		Lung
		Pancreas
		Tuberculosis
		Tumor - Non Malignant
		Must Provide Path Report
		Ulcerative Colitis
		Uremia
		Vascular Disease
		Vomiting/Coughing Up Blood
		Wegner's Granulomatosis / syndrome

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.

List any medications you take on a regular basis. Include the strength of the medication and frequency. Example: Lipitor 20mg once/daily