



4. Have you been diagnosed, treated, or advised to seek testing or treatment by a health care professional within the last six months for *(check appropriate box)*:
- a.  Recurrent infections     Enlarged lymph glands     Unexplained weight loss     Skin rash     Oral lesions  
 None of the above
- b. A condition for which surgery was performed within the past six months, or for which surgery has been recommended? .....  Yes     No
- c. Any other condition for which the person has been under a doctor's care, or been confined to a hospital or other facility within the last six months? . . .  Yes     No
5. Is the person listed on this form currently pregnant? *(Individual contracts only.)* .....  Yes     No
6. Have you been taking medications prescribed or recommended (including OTC) by a practitioner within the last six months prior to enrollment to CDPHP? If yes, please explain in detail in question #7. Include the name of the medication being taken, what condition it is being taken for, and the practitioner who prescribed it. ....  Yes     No
7. Explain in full detail all "YES" answers to questions 1–6. If the person listed on this form suffers a condition identified above, please include treatment, name of medication, the effectiveness of treatment, and treating physician/practitioner. If more space is needed, use a separate piece of paper. Please sign and date each page, attach it to this questionnaire and check here .

Question Number	Name of Condition	Dates of Treatment or Medications	Type of treatment, duration and effectiveness of treatment, and description of medications	Attending Physician/Hospital and Address

8. Are you eligible for a Tax Credit under the Trade Adjustment Act of 2002? .....  Yes     No

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.**

Member Name (please print) \_\_\_\_\_ Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Under age 18, parent or legal guardian signature)*