

[Back](#)

Eligibility

Please answer the following eligibility questions before you begin.

Current Plan Details

Applicants

Applicant (31 year old male)

State/Zip

Texas/75218

Payment

Monthly

Effective Dates

Specified Disease: 9/11/2024

[Change Your Information](#)

[New Quote](#)

* Required

Applicant

* Height

* Weight

Select...



WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false incomplete or misleading information is guilty of a felony.

*** I have coverage in force with another company at the time of application and intend to replace my current coverage with a MedMutual Protect policy.**

☐ Yes ☐ No

*** Has any applicant resided outside the United States in the past 12 months?**

☐ Yes ☐ No

*** Within the last 12 months has any applicant:**

- a) Been confined to a hospital (other than pregnancy), nursing home, mental health facility, inpatient rehabilitation, sub-acute facility, or hospice?
- b) Been bedridden, received home health care, or been confined to a wheelchair?
- c) Been advised to undergo any test (except HIV test), treatment, hospitalization, or surgery which has not yet been completed or for which test results have not yet been received?
- d) Had any unexplained weight loss, anemia, chest pain, shortness of breath, heart palpitations, or lump in breast?
- e) Applied for or received disability benefits (excluding maternity)?
- f) Consulted a health professional for signs or symptoms of a medical condition for which a final diagnosis has not been determined or communicated?
- g) Been treated for an injury from which you have not fully recovered?

☐ Yes ☐ No

*** Has any applicant used tobacco products an average of four or more times per week within the last six months (this includes cigarettes, e-cigarettes, cigars, pipe tobacco, or chewing tobacco)?**

☐ Yes ☐ No

*** Has any applicant ever had, or is waiting for, an organ, intestinal, or bone marrow transplant?**

☐ Yes ☐ No

*** Is any applicant currently pregnant, an expectant parent, in the process of adopting a child, or ongoing fertility treatment?**

☐ Yes ☐ No

*** Within the last 5 years has any applicant received treatment, advice, medication, or surgical consultation for any of the following:**

- a) Diabetes or taken medication to control blood sugar?
- b) Blood disorders (excluding mild iron deficiency)?
- c) Chronic liver disease or disorder, including cirrhosis, Hepatitis B and Hepatitis C (excluding fully recovered Hepatitis A)?
- d) Chronic kidney disease or disorder (excluding kidney stones)?
- e) COPD, chronic bronchitis, chronic lung disease, emphysema or cystic fibrosis?
- f) Cancer or carcinoma in situ (excluding basal cell or squamous cell skin cancer), Hodgkin's disease, lymphoma, or leukemia?
- g) Multiple sclerosis, Parkinson's, ALS (Lou Gehrig's disease), cerebral palsy, or muscular dystrophy?
- h) Heart or circulatory system disorders (excluding high blood pressure)?
- i) Crohn's, ulcerative colitis?
- j) Alcohol/drug abuse or dependence?
- k) Confirmed existence of Immune system disorders (including AIDS, HIV infection or AIDS related condition)?
- l) Anorexia, bulimia, schizophrenia, bipolar disorder, psychotic disorders, or pervasive development disorder?
- m) Cognitive disorders, including dementia and Alzheimer's?
- n) Auto-immune disorders, including Lupus, rheumatoid arthritis, and connective tissue disorders?
- o) Chronic pain, or been evaluated by a pain clinic?
- p) TIA (transient ischemic attack), stroke, or mini stroke?
- q) Pancreatitis?

☐ Yes ☐ No

Information is saved each time you click continue

Back

Continue