

Health and Dental Questionnaire for Medical Underwriting

Flexcare® Health and Dental Plan and The Association Health & Dental Plan

Applicant Name:

Group Coverage	
Does your client currently have group coverage?	Yes No
Has your client recently lost group coverage?	Yes No
	Termination Date:
	Name of Carrier:
	Plan ID:
Does your client have any pre-existing conditions?	Yes No
If "yes", list any major pre-existing conditions:	

Proposed Plan	
Proposed Effective Date:	
Age of Primary Applicant:	
Age of Co-Applicant:	
Age of Dependents:	

Plan Design – Medically Underwritten				
Drug Coverage Amount:	\$0	\$5,000	\$10,000	Unlimited (catastrophic coverage)
Dental Coverage:	None	Basic	Oral Surgery	Major Restorative
Hospital Coverage:	None	Semi-private hospital	Private hospital	
Travel Coverage (all plans come with 9 days):	None	+ 8 days (17 days total)	+ 21 days (30 days total)	
Registered Specialists and Therapists:	\$20 per visit (maximum 20 visits)		\$300 or \$600 (no maximum per visit)	\$1,500

Flexcare® and Association Health and Dental Plans are offered through The Manufacturers Life Insurance Company.

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