



# UNIVERSITY OF KENTUCKY VLTD

Name	Employee ID (from paystub)
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## **HEALTH QUESTIONNAIRE FOR EVIDENCE OF INSURABILITY - VOLUNTARY LTD**

### **Please Answer The Following Questions:**

1) During the past 5 years has anyone proposed for coverage been diagnosed or treated by a member of the medical profession for any of the following: heart condition; cancer; chronic/recurrent respiratory disease; diabetes; kidney or liver disease; any disease of the joints, including neck and back disorders; any mental or nervous disorder; any disorder of the brain or nervous system; or have you been absent from work due to a chronic/recurrent reproductive system disorder?

Employee  Yes  No

If Yes, please include medical condition, treatment received, physician name and address, and any other details in the space below or attach additional documentation necessary:

2) During the past 5 years have you been declined for any disability insurance coverage?

Employee  Yes  No

3) Are you currently pregnant?

Employee  Yes  No

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**Please return this form with your application to:**

**UniCare Life Underwriting Unit  
PO Box 4510  
Woodland Hills, CA 91635-4510**

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