



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

AGING HEALTH CARE PROVIDER SUPPLEMENTAL APPLICATION

****COMPLETE IN ADDITION TO THE PERTINENT PRACTICE AREA KINSALE SUPPLEMENTAL APPLICATION****

**COMPLETE IN FULL INCLUDING SIGNATURES AND DATING BY THE PROVIDER NOT EARLIER THAN
45 DAYS BEFORE THE PROPOSED EFFECTIVE DATE OF COVERAGE.**

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Professional Title:		Date of Birth:	
Phone Number:		Email Address:	
Website:			

2)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3)

Premise Address: _____

City: _____ State: _____ Zip Code: _____

PERSONAL INFORMATION

4) Please complete the following questions regarding your **eyesight**:

- a. Have you lost use or sight of either eye? Yes No
- b. Is your peripheral vision restricted? Yes No
- c. Are you color blind? Yes No
- d. Do you have or have you ever had cataracts? Yes No
- e. Are any vision deficiencies you have corrected by glasses or contact lenses? Yes No
- f. Date of your last eye exam: _____

5) Please complete the following regarding your **hearing**:

- a. Are you able to hear normal conversation levels? Yes No
- b. Do you use a hearing aid? Yes No
- c. Do you use a hearing implant? Yes No

6) Please complete the following regarding your **cardiac health**:

- a. Have you ever been treated for heart disease? Yes No
- b. Have you ever had a heart attack? Yes No
- c. Do you have a pacemaker? Yes No
- d. Have you ever been treated for hypertension? Yes No
- e. What was your last blood pressure reading? _____
- f. What date was this reading taken (mm/yy)? _____

g. Please list which cardiac health and blood pressure medications you use and their dosages: _____

h. Date of your last treatment/exam (mm/yy): _____

7) Please complete the following regarding **diabetes**:

a. Have you ever been tested for diabetes? Yes No

b. Please list diabetes medications you use, the methods of administration, and their dosages: _____

8) Please complete the following regarding **epilepsy**:

a. Have you ever been treated for epilepsy? Yes No

b. What was the date and kind of your last seizure? _____

c. Please list which cardiac health and blood pressure medications you use and their dosages: _____

d. Do you utilize cannabis with a THC concentration exceeding .3% to treat epilepsy? Yes No

9) Please complete the following regarding **other health conditions**:

a. Have you ever been treated or received medication for any neuromuscular disease, including but not limited to muscular dystrophy, cerebral palsy, etc.? Yes No

b. Have you ever been treated or received medication for any motor function affecting autoimmune disease, including but not limited to lupus, Rheumatoid Arthritis (RA), Multiple Sclerosis (MS), Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), etc.? Yes No

c. Have you ever been treated or received medication for any neurodegenerative disease, including but not limited to Parkinson's disease, Huntington's disease, Alzheimer's disease, Amyotrophic Lateral Sclerosis (ALS), etc.? Yes No

d. Are there any restrictions on your driver's license other than corrective lenses? Yes No

10) Please complete the following for your **date of most recent treatment**, if the below conditions are applicable to you:

a. Convulsions: _____

b. Fainting Spells: _____

c. Loss of Equilibrium: _____

d. Alcohol/Substance Abuse: _____

e. Complete Physical Examination: _____

11) Are you under a physician's care for any condition not mentioned above? Yes No

a. If yes, please describe: _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the

purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____