



**VIVA Health Inc. Health Questionnaire--
Follow-up: Sleep Apnea**

Employee Name: _____ **Group Name:** _____
Proposed Insured: _____ **D.O.B.:** _____

1. When were you first diagnosed with sleep apnea?
2. Have you had any sleep studies done? *If so, please list the dates of the studies.*
3. Are you currently using any machine, such as the C-PAP, to improve your symptoms?
How long have you been using this device?
4. Are you currently renting the machine, or do you own it?
5. Has your doctor recommended surgery of any kind to improve your condition? *If yes, are you planning on having any surgery in the near future?*
6. Do you have any allergies or asthma that may worsen your condition?
7. Would you say that your symptoms are ____ getting worse, ____ staying the same, or ____ getting better.

I represent to the best of my knowledge and belief that each of the above statements and answers are complete and true. I understand that the answers to the above questions will be the basis of any coverage issued and that any incorrect answers may operate to void this insurance.

Date: _____ **Signature of proposed insured:** _____