PART 3. SIGNATURE AND SCORING PAGE

Signature – Adult applicants must sign this form below. Parent or guardian signature is required for applicants under the age of 18. **By signing this form, you certify the following:**

1. **All of the information I have given is true and complete**.
2. I understand that if I leave an answer blank to an individual condition it is the same as a "No" answer.
3. If I answered "No" to Section A, I have completed all remaining Sections, B through L of Part 2, and indicated "Yes" or "No" at the top of each Section, B through L.
4. I understand that if I omit or give false information I may lose my coverage, in which case I may have to pay for services paid under that coverage.
5. **I understand that if I intentionally give false information, in addition to losing my coverage, I may incur additional legal liability.**

If you do not sign and date this questionnaire below, it will be returned to you and your application will be delayed. Your signed questionnaire will be valid for a 90-day period from the date you sign it. If you wait more than 90 days to submit your application, you will have to complete a new questionnaire. To be complete, the page 2 exemptions list and Parts 2 and 3 of your questionnaire must have been filled out.

Please print name, then sign and date in the space provided.

First Name | M.I. | Last Name

Signature **Date Signed**

If you are signing on behalf of an underage child, check: ☐ **Parent** ☐ **Legal Guardian**

THANK YOU FOR COMPLETING THE STANDARD HEALTH QUESTIONNAIRE

This questionnaire is updated periodically. In an effort to continually improve the questionnaire, we have included a brief survey on our website. If you would like to provide feedback on your experience filling out this questionnaire, please go to the following web address: **www.wship.org/SHQsurvey**. This brief survey is optional and has no effect on your score.

FOR HEALTH CARRIER USE ONLY. DO NOT MARK THIS SECTION.

Name of health carrier

Date Reviewed | Reviewer ID | Member SSN (optional)

Condition #	Score	Condition #	Score	Condition #	Score
1.		5.		9.	
2.		6.		10.	
3.		7.		11.	
4.		8.		12.	

Total Score

○ Applicant Accepted ○ Applicant Denied