Bright Life Health & Wellness

Health History Disclosure Form

Answer for yourself and every family member joining the plan. Takes about 10 minutes.

3 quick rules before you start

- Check Yes if you have the condition OR take a listed medicine — either one counts.
- Brand names are just examples — a similar drug for the same purpose still counts.
- An orange Rx tag means the medicine alone is enough to check Yes, even with no diagnosis.

Part A = right now or next 12 months. Part C = past 5 years or ongoing.

Part A — Current or Upcoming Treatment

Right now, or expected in the next 12 months.

Yes	No	Condition & medication	Rx
☐	☐	**Organ failure or transplant.** You need, or may soon need, an organ or bone marrow transplant.	
☐	☐	**Waiting for a transplant.** You're on a transplant waiting list, or being tested to get on one.	
☐	☐	**Gene or cell therapy.** You're treated with gene or cell therapy for an inherited condition.	Rx
☐	☐	**Cancer treatment (Excluding Basal Skin Cell Cancer).** You're getting chemo, radiation, or other cancer treatment — including cancer pills taken at home, or pills taken to keep cancer from coming back. *Examples: Xeloda, Ibrance, tamoxifen.*	Rx
☐	☐	**Kidney failure.** You're on dialysis, or have advanced (Stage 4–5) kidney disease.	
☐	☐	**Lifelong bleeding disorder.** You have hemophilia or a bleeding/clotting disorder you've had since birth.	Rx
☐	☐	**Biologic or specialty medication.** You take an injected, infused, or specialty drug for any condition — or a medicine that suppresses your immune system. *Examples: Humira, Dupixent, Stelara.*	Rx
☐	☐	**Inpatient mental health / substance use care.** You had a hospital stay, residential stay, or day program (Intensive Out Patient/Partial Hospitalization Program) for this.	
☐	☐	**High blood pressure in the lungs.** You're treated for this, including medicine given by a continuous pump. *Examples: Opsumit, Tyvaso.*	Rx
☐	☐	**Rare condition treatment.** You get regular infusions or medicine for a rare or inherited disease. *Examples: Soliris, Cerezyme.*	Rx

Part B — Pregnancy and Fertility

For you, or anyone joining the plan, right now or currently underway within the next 12 months .

Yes	No	Question
☐	☐	Currently pregnant
☐	☐	Expecting a child through a partner's pregnancy, surrogacy, or adoption
☐	☐	Getting fertility treatment to become pregnant

Part C — Past 5 Years or Ongoing

Diagnosed, treated, or hospitalized in the last 5 years — or still ongoing.

Yes	No	Condition & medication	Rx
☐	☐	**Cancer.** Any cancer(excluding Basal Cell Skin Cancer) — including pills taken by mouth, or medicine to keep it from returning. *Examples: tamoxifen, letrozole.*	Rx
☐	☐	**Heart or blood vessel condition.** Heart attack, bypass, heart failure, stroke, irregular heartbeat, valve abnormalities (TAVR, Mitral Valve Clips), Watchman (LAAO/LAAC), a pacemaker or heart pump, blood thinners, or 3+ heart medications together. *Examples: Eliquis, Entresto, Xarelto, Lisinopril, Amlodipine, Lasix or similar.*	Rx

Yes	No	Condition & medication	Rx
☐	☐	**Homebound or needs daily help.** A condition that limits bathing, dressing, or feeding — or you're in hospice/palliative care.	
☐	☐	**Autoimmune condition.** Your immune system attacks your own body — or you take immune-suppressing medicine or steroids for 3+ months. *Examples: lupus, MS, Crohn's, methotrexate.*	Rx
☐	☐	**Blood or immune disorder.** Sickle cell, hemophilia, aplastic anemia, HIV, or medicine for any of these. *Examples: Biktarvy, hydroxyurea.*	
☐	☐	**Organ failure or past transplant.** A past kidney, liver, lung, or heart transplant, or anti-rejection medicine. *Examples: tacrolimus.*	Rx
☐	☐	**Ongoing organ support.** You're on dialysis, ECMO, or an implanted heart pump.	
☐	☐	**Recent hospital stay.** A hospital stay in the last 5 years with ongoing care, including for mental health, substance use, or sepsis for the applicant, spouse, child, or any other dependent.	
☐	☐	**Chronic lung disease.** COPD, cystic fibrosis, or similar — or a triple inhaler / biologic asthma shot. *Examples: Trelegy, Dupixent.* *Regular asthma inhalers alone don't count.*	Rx
☐	☐	**Chronic liver disease.** Cirrhosis, hepatitis B/C, or fatty liver disease with scarring.	
☐	☐	**Ongoing chronic pain, bone, joint, or muscle condition.** Needs regular treatment such as injections for arthritis— back, neck issues, knee, shoulder, ankle food or joint replacement problems, arthritis or similar; therapy prior to joint replacement , Musculoskeletal Disorders, such as but not limited to, sciatica, osteoporosis, cervical/neck/back disorder (including any type of injection or procedure), Muscular Dystrophy, Cerebral Palsy, dermatomyositis, compartment syndrome	
☐	☐	**Substance use disorder.** Alcohol or drug dependency, treated or not.	
☐	☐	**Type 1 diabetes.** Including if diagnosed as an adult (sometimes called LADA) — or you use an insulin pump.	Rx
☐	☐	**Major surgery.** In the last 5 years with ongoing care, or planned in the next 12 months.	
☐	☐	**Brain or nerve disorder.** Parkinson's, epilepsy, stroke, dementia, ALS, or similar.	
☐	☐	**Mental health condition.** Schizophrenia, bipolar disorder, major depression, or anxiety needing ongoing care — or 2+ regular medications for it. *Examples: lithium, clozapine.*	Rx
☐	☐	**Urological or gynecological condition.** Endometriosis, uterine fibroids, or Peyronie's disease.	
☐	☐	**Skin condition.** A wound or surgical site needing ongoing care, psoriasis, or skin cancer. *Basal cell carcinoma doesn't count.*	

Part D — Data Participation

Yes	No	Question
☐	☐	I consent to share health and consumer insights through periodic questionnaires
☐	☐	I am willing to complete questionnaires as part of my employment
☐	☐	I am willing to complete an annual health screening (virtual or survey)
☐	☐	I am willing to join healthcare research studies

Certification

By signing, I certify this information is true and complete for everyone listed above.

Signature

Date