Anthem®

And Its Affiliate HealthKeepers, Inc.

Group Questionnaire

Acct #: SIC Code:

Section 1: Group Information

Group Name	Street Address

Is group headquartered in Virginia?	Yes	No	City	State	ZIP Code
	☐	☐			

Total number of **ACTIVE** employees eligible for benefits:		Total Number of eligible employees planning to enroll with Anthem. Census should reflect this total.	

Type of business	Website/Phone number	How long in business	Requested effective date

Section 2: Additional Information

Current Carrier:	How many years have you been with current carrier:

Current rates attached?	Yes ☐	No ☐	Renewal rates attached?	Yes ☐	No ☐	Are you self-insured? If self-insured attach 2 years of claims experience	Yes ☐	No ☐	Are you requesting Early Retiree Coverage? If yes, please discuss with your Anthem Rep	Yes ☐	No ☐

Is this a multi-location group/company? If yes, please discuss with your Anthem Rep prior to submission.	Yes ☐	No ☐	# of Locations	List address (es) of each additional location. Additional locations may be listed below.

Additional Locations:

Section 3: Risk / Medical Information

When answering questions on this enrollment application the information provided for each individual should include only information about that individual, and should not include any genetic information. Genetic information includes family medical history and information related to the individual's genetic testing, genetic services, genetic counseling, or genetic diseases for which the individual may be at risk. All responses pertaining to an individual will only be considered and applied to the individual in question.

Question	Yes	No
1. Has anyone been hospitalized in the past twelve months? If yes, give details:	☐	☐
2. Has anyone received medical benefits exceeding $10,000 in the last 12 months? If yes, give details:	☐	☐
3. Are any employees, dependents or COBRA members currently hospitalized, or anticipating hospitalization or surgery in the next three months?	☐	☐
4. Do any employees, dependents, or COBRA members currently have a disability?	☐	☐

Identify to the best of your ability any employees or dependents that have been treated or expect to be treated for any of the following conditions. If yes, indicate the number of employees/dependents in the next box provided.

	Yes	#		Yes	#		Yes	#
Acquired Immune Deficiency Syndrome (AIDS)	☐		Disease/Disorder of Spine or Back	☐		Muscular/Nervous System Disorder	☐	
Alcohol and/or Drug Abuse	☐		Heart Disease/Angina	☐		Organ Transplant	☐	
Cancer	☐		Kidney/Bladder Disease/Disorder	☐		Respiratory Disease/Disorder	☐	
Epilepsy	☐		Liver Disease	☐		Stroke	☐	
Connective Tissue Disease	☐		Mental Illness	☐		Stomach/Intestinal Disorder	☐	
Diabetes	☐		**Please give dates, prognosis, and details of medical conditions:**					
☐ Diet ☐ Oral ☐ Insulin								

Section 4: Size Certification

Please include all employees, even if they are located in a location other than your main office.

It is important to classify Employer Groups with more than 50 employees into the appropriate Anthem market segment to comply with the Health Care reform law. We need to know the average number of total employees (full- time plus part-time) employed at your company in the preceding calendar year.

In the preceding calendar year, the average number of total employees for my company was:	

Section 5: Signatures Required

The undersigned Employer (and/or Broker) certifies that all of the information shown on this form is correct to the best of his or her knowledge. It is understood that Anthem Blue Cross and Blue Shield and/or Anthem affiliate Healthkeepers, Inc. intend to rely on this information oas part of the premium determination process. It is also understood that, if the information is not correct and complete to the best of the Employer's (and/or Broker's) knowledge, Anthem Blue Cross and Blue Shield and/or Anthem affiliate Healthkeepers, Inc. may revise the premium accordingly.

Owner/Officer/Group Administrator Name	Title
Signature of Owner/Officer/Group Administrator Name	Date
Broker Name	Title
Signature of Broker	Date

Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc. are independent licensees of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.