

### Group Risk Questionnaire

**This is a required form and must be completed by all mid to large groups with 51 or more full time equivalents (FTE).**

#### A. Company Information

Group Name:		Effective Date:
Group Address:	City, State ZIP:	
Broker:	Incumbent Broker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Carrier:	How many years?:	Number of Carriers in the Past 3 Years?:
Current Plan Design:	Nature of Business / SIC Code:	

**Sections B and C - Please provide group claims experience and rate history for the past 24 months (Only if group has 200 FTEs or more).**

#### B. General Information - Claims, Rate History, and Eligibility Criteria

Rates	Current HMO	Current POS/PPO	Renewal HMO	Renewal POS/PPO	ER Contribution %		Number of Active:	
Subscriber							Number of Cobra:	
Subscriber/Spouse							Number of Early Retiree/Retired:	
Subscriber/Child(ren)							Number of Waivers:	
Family							Total Number of Eligibles:	
% of Renewal Increase							Total Number of Valid Waivers:	

#### C. Medical Profile

**Serious Medical Conditions** - As an employer, are you aware of any employee or dependent(s) of an employee, including those not enrolling for coverage, who has been diagnosed or treated for any of the following conditions? **Please mark the number of employees/dependents next to the appropriate condition.** Include additional details, if available, in space provided below or on the reverse side of this document. **Do not write member specific information.**

# of FTEs/dependents known to have the correlating condition	Condition
	AIDS / ARC or Acquired Immune Deficiency Syndrome
	Birth Abnormalities / Birth Injuries
	Blood Disorders, i.e. Hemophilia, Leukemia, etc.
	Cancer / Cancerous Tumor / Skin Cancer – If recovered – Years in remission:    Type:
	Chest Pain / Congestive Heart Failure / Coronary Artery Disease / Bypass
	Chronic Obstructive Lung Disease, i.e. Emphysema, Bronchitis, etc.
	Diabetes – Type / Treatment:
	Epilepsy / Seizures – Type / Treatment:
	Kidney Disorders / Kidney Stones / Polycystic Kidney Disease - Dialysis / Renal Failure
	Liver Cirrhosis / Liver Disorders / Pancreas
	Lupus
	Mental Nervous Disorders / Mental Illness / Depression / Substance Abuse
	Multiple Sclerosis / Muscular Dystrophy
	Paralysis
	Pregnancy Due Date(s):
	Stomach or Bowel Disorders, i.e. Ulcer/Crohn's disease, Ulcerative colitis, etc.
	Stroke (Cerebral)
	Transplant (Done/Pending)Cornea / Liver / Kidney / Heart / Lung
	Tumor, Cysts – Benign / Malignant

