

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:	
Contact Person:	Title:	Phone:	Email:
Current Carrier:	How many years?:	Number of Carriers in the Past 3 Years?:	
Broker:	Incumbent Broker: <input type="checkbox"/> Yes <input type="checkbox"/> No	NAICS code (6 digits- visit naics.com):	

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 Actives:	
Subscriber						Number of FTEs:	
Subscriber/Spouse						Total Number of Eligibles:	
Subscriber/Child(ren)						Number of Cobra:	
Family						Number of Early Retirees/Retired:	
% 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 / Pancreatitis
	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

