

### BUSINESS CONFIDENTIAL DATA QUESTIONNAIRE

Group \_\_\_\_\_ Producer: **HealthSource One / Don Fechter**

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Nature of Business \_\_\_\_\_

Years in Business \_\_\_\_\_ Desired Effective Date \_\_\_\_\_ Total # of Full-time Employees \_\_\_\_\_

How many Employees reside Out of Area? \_\_\_\_\_ Locations(s) with zip-code \_\_\_\_\_

Person Interviewed \_\_\_\_\_ Title \_\_\_\_\_

Current Health Carrier \_\_\_\_\_ How Long? \_\_\_\_\_ Group Renewal Date \_\_\_\_\_

Employer Pays \_\_\_\_\_ % of employee rate Employer Pays \_\_\_\_\_ % of dependent rate. Waiting Period \_\_\_\_\_

**REGARDING ALL EMPLOYEES AND DEPENDENTS:**

**As a business with more than 26 enrolling employees, an administrator must fill out the following on behalf of the group. If less than 26 are enrolling, individual Medical Questionnaires must be completed for each employee and for former employees that are on COBRA.**

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|---|--------------|
| Are you aware of any employee, dependent, or COBRA employee who:  | (Circle One) |
| a) Is currently disabled?   | YES NO       |
| b) incurred expenses of \$5,000 or more in the last 18 months?  | YES NO       |
| c) has been advised that necessary surgery or hospitalization is required (including pregnancy)?  | YES NO       |
| d) has had an organ transplant such as kidney, liver, heart or lung?  | YES NO       |
| e) is currently being treated or diagnosed as having cancer, heart/lung disease, high blood pressure, diabetes, muscular skeletal condition | YES NO       |
| f) is currently taking medication?  | YES NO       |
| g) has been diagnosed or is being treated for any other known medical condition?  | YES NO       |
| h) has any other known medical conditions?  | YES NO       |

If YES to ANY of the questions above, please explain:

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