

Health No. _____

Life No. _____

SMALL GROUP EMPLOYER MEDICAL QUESTIONNAIRE

Complete the following questions to the best of your knowledge for eligible employees, their dependents, and any COBRA participants, state continuation participants, or state dependent continuation participants. If your current carrier is BCBSTX, your response to the medical questions should be based on eligible employees and/or dependents not currently on your employee group health plan. If BCBSTX is your current carrier, provide your Group/Account Health Number: _____

1. How many employees or dependents have had a claim of \$5000 or more in the past 12 months? _____

2. How many employees or dependents have been advised to have surgery or medical treatment in the past 6 months that has not yet been performed, or been hospitalized or had surgery in the past 3 years? _____

3. How many employees or dependents have been advised, diagnosed, or treated by a physician in the past 5 years for:

(Enter the number of employees or dependents with the condition and provide details on the next page.)

A. _____ Stroke _____ Heart Disease or Disorder
_____ Circulatory Disease or Disorder _____ Vascular Disease or Disorder
_____ High Blood Pressure

B. _____ Cancer _____ Tumors
_____ Leukemia _____ Lupus
_____ Chronic Skin Condition _____ Any other Systemic Disease

C. _____ Multiple Sclerosis _____ Paralysis
_____ Osteoarthritis _____ Other Severe Arthritis
_____ Joint Disorders _____ Back Disorders
_____ Muscle Disorders _____ Bone Disorders

D. _____ Asthma _____ Emphysema
_____ Respiratory and Lung Disorders

E. _____ Diabetes _____ Pancreas
_____ Growth Disorder _____ Endocrine Disorder

F. _____ AIDS _____ Tested Positive for HIV
_____ Immune System Disorders _____ Blood Disorders

G. _____ Hepatitis _____ Liver Disorder
_____ Digestive System Disease or Disorder _____ Colon Disorder
_____ Kidney Disorder _____ Prostate Disorder
_____ Reproductive Organs Disorder _____ Infertility
_____ Urinary Tract Disorder

H. _____ Nervous System/Brain/Seizure Disorders _____ Mental/Emotional Disorders
_____ Alcohol/Drug/Substance Abuse or Dependency

I. _____ Organ Transplant _____ Bone Marrow Transplant

J. _____ Other

4. How many employees or dependents are currently pregnant? _____

