



# Group Health Questionnaire

Company: \_\_\_\_\_

Please answer the following questions concerning any employee or dependent (including those covered by COBRA) who will be covered by this plan. If more space is needed, please use the back of this form.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Has anyone been or expected to be treated for a medical condition (i.e., cancer, cardiovascular disease, AIDs or AIDs-related complex, kidney problems, diabetes, substance abuse, mental illness, pregnancy)? If "Yes," give details: _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Has anyone been hospitalized within the past twelve months? If "Yes," give details: _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are any spouses or dependents incapacitated or confined to a hospital or treatment facility? If "Yes," give details: _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Is anyone not actively at work or performing his or her duties full-time because of illness or injury? If "Yes," give details: _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Has the group or anyone in the group been declined for medical insurance with your present or previous carrier? If "Yes," give details: _____ _____

The undersigned certifies that all information shown on this form is correct and complete to the best of his or her knowledge. The company officer/executive signing this form authorizes the signed broker to represent the company and acquire a Pacific Health Trust Health Plan proposal. It is understood that the Pacific Health Trust Health Plan and the Insurance Carrier intend to rely on this information as part of the rate determination process. If this information is not correct or complete, then the Pacific Health Trust Health Plan and/or the Insurance Carrier reserve the right to adjust or withdraw any rate proposal.

\_\_\_\_\_  
Officer of the company signature

\_\_\_\_\_  
Officer title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of officer of the company

\_\_\_\_\_  
Agent signature

\_\_\_\_\_  
Printed name of agent

\_\_\_\_\_  
Date