Group Health Questionnaire

To be Completed by Employer to Receive Benefits and Rate Proposal

Bluegrass **Family Health**

651 Perimeter Drive, Suite 300
Lexington, KY 40517
(859) 269-4475 Fax (859) 335-3750

When explaining answers, please give details, including names, dates and diagnosis where appropriate. Attach additional pages of explanation if necessary.

1. To the best of your knowledge, has any employee or dependent incurred health claims exceeding $5,000 in the last 3 years for the conditions below? **YES** ☐ **NO** ☐

_____AIDS
_____Circulatory Disorders/Stroke
_____Diabetes
_____Crohn's Disease
_____Neurological Disorders
_____Spina Bifida
_____Cystic Fibrosis
_____Mental Disorder/Chemical Dependency
_____Blood Disorders
_____Growth Hormone
_____Lupus
_____Liver
_____Paralysis
_____Organ/Tissue
_____Premature Birth/Congenital Birth Defects
_____Cancer/Leukemia/Hodgkins Disease
_____Heart Conditions
_____Kidney Disorder/Dialysis
_____Respiratory Disorders

IF YES, please explain.____

2. Is there any employee or dependent that has been admitted within the last 24 months, is currently admitted, or is anticipating admission to a hospital, nursing home or other medical facility for treatment? Is there any employee currently off work for any reason? **YES** ☐ **NO** ☐

IF YES, please explain.____

3. Are any employees or dependents pregnant? If **YES**, please provide due date of child. **YES** ☐ **NO** ☐

4. Are all employees covered by worker's compensation? If **NO**, please explain. **YES** ☐ **NO** ☐

Employer's Statement

The information on this form is an accurate reflection of our current status. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Name of Employer ______________________ **Title** ______________________

Signature ______________________ **Date** ____/____/______

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