Underwriting Form

Bluegrass Family Health

2630 Elm Hill Pike Suite 100
Nashville, TN 37214
Phone (866) 471-8770/Fax (615) 872-1077

9750 Ormsby Station Road, Suite 110
Louisville, KY 40223
Phone (800) 787-2680/Fax (502) 420-2350

651 Perimeter Drive, Suite 300
Lexington, KY 40517
Phone (800) 787-2680/Fax (859) 335-3750

Employer	Occupation/Job Title	Social Security Number

Last Name	First Name, MI	DOB (MM/DD/YY)	Height	Weight	Gender (circle one) Male Female

City	State	Date of Full-Time Hire	Part Time (circle one) YES NO Hours Per Week____	COBRA (circle one) YES NO Expiration Date_____	Retired (circle one) YES NO

Type of Contract: ☐ Employee ☐ Employee/Spouse ☐ Employee/Child(ren) ☐ Family

Dependents to be covered – List your spouse and/or eligible dependents to be covered. Use separate form for additional dependents.

Name (Last, First, MI)	Date of Birth (MM/DD/YY)	Height	Weight	Gender (M/F)
Spouse				
Child 1				
Child 2				
Child 3				

Individual Health Information (2 – 50)

Please answer all of the following questions for yourself and any covered dependents.

Explain any YES responses in the box provided below. YES NO

1. Do you or any of your dependents regularly take medication? ☐ yes ☐ no
2. Are you or any of your dependents currently pregnant? If so, when is the expected date of delivery? ☐ yes ☐ no
3. Have you or any of your dependents ever had or received treatment or been advised of having:
   a. Any heart or circulatory disorder including, but not limited to high blood pressure, anemia, chest pain, angina or aneurysm? ☐ yes ☐ no
   b. Any lung or respiratory disorder including, but not limited to asthma, emphysema, COPD or bronchitis? ☐ yes ☐ no
   c. Any type of tumor or cancer including, but not limited to melanoma, leukemia or lymphoma? ☐ yes ☐ no
   d. Any type of mental or nervous condition or alcohol or drug abuse, including professional counseling? ☐ yes ☐ no
   e. Back, joint, bone or muscle disease or disorder including arthritis (rheumatoid or osteo), lupus, multiple sclerosis (MS) or rheumatism? ☐ yes ☐ no
   f. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency Virus (HIV), any disease or disorder of the immune system or tested positive for AIDS virus? ☐ yes ☐ no
   g. Any nervous system disorder including, but not limited to migraines, stroke, seizures, tremors, Parkinson's or Alzheimer's? ☐ yes ☐ no
   h. Colitis, Crohn's disease, diverticulitis, other colon problems, ulcers or stomach trouble or any type of liver problems or hepatitis? ☐ yes ☐ no
   i. Diabetes, pancreas disorder, gallstones, or gallbladder troubles, goiter or thyroid trouble or hernia? ☐ yes ☐ no
   j. Kidney problems, kidney stones, nephritis, kidney disease, urinary tract disorder or the need for dialysis? ☐ yes ☐ no
   k. Any problems with male or female organs, prostate or gynecological problems or infertility? ☐ yes ☐ no
   l. Allergies, hay fever, sinus infection or a disorder of the eyes, ear, nose or throat? ☐ yes ☐ no
   m. History of an organ transplant, on a transplant waiting list or has a transplant been suggested? ☐ yes ☐ no
4. Have you or any of your dependents been told that you may need a procedure, treatment, test, therapy or surgery in the future? ☐ yes ☐ no
5. Have you or any of your dependents smoked or used tobacco products within the last 2 years? ☐ yes ☐ no

Explanation of YES Responses. Attach a separate sheet of paper if necessary.

Quest #	Name of Individual	Diagnosis/ Condition	Treatment	Medication	Onset Date	Date(s) of Treatment	Hospitalized (Y/N)	Surgery (Y/N)	Recovered (Y/N)
					/ /	/ /			
					/ /	/ /			
					/ /	/ /			

Authorization

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. *Ky.Rev.Stat. § 304.47-020; Ind.Code § 35-43-5-3.4; Tenn.Code §§ 56-53-1-2 and 103.*

It is additionally a crime to knowingly or intentionally obtain, possess, transfer, or use the identifying information of another person with intent to harm or defraud another person or entity, including with the intent to fraudulently obtain or attempt to obtain money, credit, goods, services or medical information in the name of another person without that person's consent. Penalties include imprisonment, fines and denial of insurance benefits. *Ky.Rev.Stat. § 514.160; Ind.Code 35-43-5-3.5; Tenn. Code § 39-14-150.*

Signature_____ Date_____