

Group Medical Questionnaire

- AIDS, ARC, HIV+
- Alzheimer's
- Aneurysm
- Arthritis
- Attempted Suicide
- Cancer (or within 1 year)
 - Recovered 1-2 years
 - Recovered 3-5 years
 - Recovered 6-10 years
 - Recovered > 10 years
- Cerebral Palsy
- Coronary Artery Disease (within 10 years)
(Date of diagnosis _____)
- Coronary Bypass (within 10 years)
(Date of Bypass surgery _____)
- Crohn's Disease
- Cystic Fibrosis
- Diabetes (dietary control)
- Diabetes (insulin)
- Diabetes (oral medication)
- Emphysema
- Epilepsy
- Heart Attack
- Hemophilia
- High Blood Pressure
- Kidney Dialysis
- Liver (cirrhosis)
- Liver (hepatitis, non-alcoholic)
- Lupus
- Mental or Emotional Disorders
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Paralysis
- Pericarditis
- Pregnancy (delivery date _____)
- Spina Bifida
- Stroke (within 5 years)
- Substance Abuse (within 3 years)
- Ulcerated Colitis
- Transplants (pending or received)
 - Bone Marrow
 - Heart
 - Lung
 - Kidney
 - Liver
 - Pancreas

1. Are any employees or dependents currently scheduled for surgery or hospitalization? Yes ___ No ___
2. Are any employees currently on disability? Yes ___ No ___ (If yes, give details below)
3. Are any employees currently on COBRA? Yes ___ No ___ If yes how many? _____
4. Anyone currently taking any medications? Yes ___ No ___ (If yes, list names of medications below)

Please provide details to the above information (details should include date of diagnosis, current treatment and/or medications. History of hospitalizations and/or surgeries. Any anticipated hospitalizations and/or surgeries, current prognosis, and details of any ailments secondary to condition. Please attach an additional sheet if necessary.

I Agree that the information furnished above is completely true and correct to the best of my knowledge and belief, any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Group Signature _____ Title _____ Date _____