

HEALTH CHOICES: FLORIDA'S INSURANCE MARKETPLACE EMPLOYER MEDICAL QUESTIONNAIRE

Group's Legal Name			
Contact Person	Contact Telephone	Contact Fax	Contact Email

Group Medical Profile for Groups Size 10-50

Answer the following questions to the best of your knowledge for all eligible employees and dependents. Your answers to these questions must include all COBRA individuals covered by your present plan.

Yes ____ No ____	1. Have any employees or dependents been diagnosed or treated by a licensed medical provider during the past five years for:		
	_ Cancer _ Tumor _ Heart/Circulatory _ Stroke _ Reproductive Disorder _ intestinal Disorder _ Endocrine Disorder _ Diabetes _ Brain/Nervous/Seizures	_ Multiple Sclerosis _ Immune Disorder _ Chronic Lung Disorder _ Kidney Disease/Failure _ Liver disorders (Hepatitis _ Back Disorder _ Rheumatoid Arthritis _ Connective Tissue Disorder _ Lupus	_ Growth Hormones _ Transplants _ Hemophilia/Blood Disorders _ Cerebral Palsy _ Sickle Cell Anemia _ Immuno deficiency _ Autism _ Other Conditions
Yes ____ No ____	2. Are any employees or dependents currently pregnant? If yes, how many and what are the expected delivery dates?		
Yes ____ No ____	3. Have any employees or dependents been hospitalized (inpatient or outpatient) or had any surgical operations during the past 12 months?		
Yes ____ No ____	4. Have any employees been absent from work, confined to the home or incapacitated for more than 2 consecutive weeks due to illness or injury during the past 12 months?		
Yes ____ No ____	5. Are any employees or dependents receiving disability benefits of any type including Social Security Income, Worker's Compensation and Medicare?		

Please provide details to all "YES" responses in the spaces provided below. Additional sheets may be used if needed.

[illegible]