The Following Information is Confidential: Company _____Contact_____

Phone_____ Fax_____ Zip Code_____ **Email**_____

Type of Business or Industry_____ Year Started_____

Census of Employees:

Male / Female	D.O.B. or Age	(N) Single	(S) Spouse	(Ch) Children (provide # of)

The following information, if applicable, will not preclude your group from obtaining a health plan.
# of pregnancies___ Trimester___ Any claims in excess of $5,000 to $10,000 in the past 24 months? Y N
Indicate if there are any of these conditions present in your group: Cancer___ Kidney Ailments___ Heart___ Conditions___ Diabetes___High Blood Pressure___ Alcohol / Drug Abuse___ Psychological Disorders___ Liver Disease___ Immune System Disorder__Any on-going medical condition not mentioned above? Y N If yes, explain_____

Has anyone been treated for an illness or been hospitalized in the past 12 months? Y N

Do any employees or dependents anticipate any diagnostic testing or hospital confinement in the next 6 months? Y N

Are there any employees who are not actively at work due to an illness or injury? Y N If so, work related? Y N

Current Health Plan Provider_____ Worker's Comp. Carrier_____

Number of full-time employees_____ Number to be insured_____ Number of part-time employees_____

Do you or would you, as an employer, contribute a % or $ amount towards the premium? Y N Possibly___

What type of plan would you like to see: HMO___ PPO___ Deductible Plan___ MSA___ Individual Plan___

Indicate what other options you would like to consider now or at a later date: Maternity___ Dental___ Vision___ Prescription Card___ Wellness Benefits___ Group Life___ STD or LTD___ LTC___ Cafeteria Plan (Sect.125)___
Would you like a health plan to cover any and all pre-existing conditions from the first day of coverage? Y or N/A

Do you have a current agent/broker? Y N If Yes, would we change? Y (there's only one answer!)

Return via fax to 623-435-2500
If you would like to discuss anything in confidence or have other questions call me (Henry) at 623-435-8400 or (Mobile)602-390-3315 If outside Maricopa County: 800-903-8780 Or: henry@grosjean.com