

Health No. \_\_\_\_\_

Life No. \_\_\_\_\_

**SMALL GROUP EMPLOYER MEDICAL QUESTIONNAIRE**

Complete the following questions to the best of your knowledge for eligible employees, their dependents, and any COBRA participants, state continuation participants, or state dependent continuation participants. If your current carrier is BCBSTX, your response to the medical questions should be based on eligible employees and/or dependents not currently on your employee group health plan. If BCBSTX is your current carrier, provide your Group/Account Health Number: \_\_\_\_\_

1. How many employees or dependents have had a claim of \$5000 or more in the past 12 months? \_\_\_\_\_

2. How many employees or dependents have been advised to have surgery or medical treatment in the past 6 months that has not yet been performed, or been hospitalized or had surgery in the past 3 years? \_\_\_\_\_

3. How many employees or dependents have been advised, diagnosed, or treated by a physician in the past 5 years for:  
(Enter the number of employees or dependents with the condition and provide details on the next page.)

A. _____ Stroke	_____ Heart Disease or Disorder
_____ Circulatory Disease or Disorder	_____ Vascular Disease or Disorder
_____ High Blood Pressure	

B. _____ Cancer	_____ Tumors
_____ Leukemia	_____ Lupus
_____ Chronic Skin Condition	_____ Any other Systemic Disease

C. _____ Multiple Sclerosis	_____ Paralysis
_____ Osteoarthritis	_____ Other Severe Arthritis
_____ Joint Disorders	_____ Back Disorders
_____ Muscle Disorders	_____ Bone Disorders

D. _____ Asthma	_____ Emphysema
_____ Respiratory and Lung Disorders	

E. _____ Diabetes	_____ Pancreas
_____ Growth Disorder	_____ Endocrine Disorder

F. _____ AIDS	_____ Tested Positive for HIV
_____ Immune System Disorders	_____ Blood Disorders

G. _____ Hepatitis	_____ Liver Disorder
_____ Digestive System Disease or Disorder	_____ Colon Disorder
_____ Kidney Disorder	_____ Prostate Disorder
_____ Reproductive Organs Disorder	_____ Infertility
_____ Urinary Tract Disorder	

H. _____ Nervous System/Brain/Seizure Disorders	_____ Mental/Emotional Disorders
_____ Alcohol/Drug/Substance Abuse or Dependency	

I. _____ Organ Transplant	_____ Bone Marrow Transplant
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J. \_\_\_\_\_ Other

4. How many employees or dependents are currently pregnant? \_\_\_\_\_

