

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 _____ Circulatory Disease or Disorder _____ High Blood Pressure	_____ Heart Disease or Disorder _____ Vascular Disease or Disorder
B _____ Cancer _____ Leukemia _____ Chronic Skin Condition	_____ Tumors _____ Lupus _____ Any other Systemic Disease
C _____ Multiple Sclerosis _____ Osteoarthritis _____ Joint Disorders _____ Muscle Disorders	_____ Paralysis _____ Other Severe Arthritis _____ Back Disorders _____ Bone Disorders
D _____ Asthma _____ Respiratory and Lung Disorders	_____ Emphysema
E _____ Diabetes _____ Growth Disorder	_____ Pancreas _____ Endocrine Disorder
F _____ AIDS _____ Immune System Disorders	_____ Tested Positive for HIV _____ Blood Disorders
G _____ Hepatitis _____ Digestive System Disease or Disorder _____ Kidney Disorder _____ Reproductive Organs Disorder _____ Urinary Tract Disorder	_____ Liver Disorder _____ Colon Disorder _____ Prostate Disorder _____ Infertility
H _____ Nervous System/Brain/Seizure Disorders _____ Alcohol/Drug/Substance Abuse or Dependency	_____ Mental/Emotional Disorders
I _____ Organ Transplant	_____ Bone Marrow Transplant
J _____ Other	

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

