

Group Risk Evaluation Form

Group Name _____

DISABILITY

 Are there any employees who have been prevented from performing their normal duties for over two weeks during the past 12 months due to illness or injury that will not be able to actively work by the proposed effective date? Yes No

Details _____

MAJOR DISEASES & CLAIMANTS OVER \$10,000

 Are there any members who are afflicted, or were afflicted in the past 12 months, with a major disease or illness? Are there any members who had claims in excess of \$10,000 in the past 12 months? Yes No

NAME	DIAGNOSIS	EXPENSE	PROGNOSIS

PENDING CONDITIONS

 Are you aware of anyone who will have need of medical or surgical treatment in the next year, including pregnancies? Yes No

NAME	DIAGNOSIS	EXPENSE	PROGNOSIS

COBRA

How many members are on COBRA continuation? _____

SIGNATURE

I certify that the information stated above is true and correct to the best of my knowledge.

Employer

Employer Signature _____ Date _____

Title _____

Agent

Broker/Agent Signature _____ Date _____

Broker/Agency _____