

## 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? \_\_\_\_\_

