



# Group Appraisal Form

**COMPANY NAME** \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND BELIEF FOR EMPLOYEES, THEIR DEPENDENTS AND ANY INDIVIDUALS ELIGIBLE FOR COVERAGE UNDER YOUR CURRENT HEALTH PLAN(S) OR COBRA. ATTACH ADDITIONAL INFORMATION AS NEEDED.

**GROUP HEALTH INFORMATION**

1. HAVE EXPENSES IN EXCESS OF \$5,000 BEEN INCURRED FOR ANY MEDICAL TREATMENT DURING THE LAST TWO YEARS BY ANY INDIVIDUAL ELIGIBLE FOR COVERAGE UNDER THIS PROPOSED PLAN? IF YES, PROVIDE DETAILS BELOW.  YES  NO

EMPLOYEE <input type="checkbox"/>	DEPENDENT <input type="checkbox"/>
--------------------------------------	---------------------------------------

DIAGNOSIS AND PROGNOSIS	DATE OF DIAGNOSIS	TREATMENT RECEIVED
-------------------------	-------------------	--------------------

EMPLOYEE <input type="checkbox"/>	DEPENDENT <input type="checkbox"/>
--------------------------------------	---------------------------------------

DIAGNOSIS AND PROGNOSIS	DATE OF DIAGNOSIS	TREATMENT RECEIVED
-------------------------	-------------------	--------------------

2. ARE YOU AWARE OF ANY EMPLOYEE OR DEPENDENT WHO HAS HOSPITALIZATION, SURGERY OR TREATMENT PENDING, OR WHO HAS BEEN ADVISED THAT HOSPITALIZATION, SURGERY OR TREATMENT IS NEEDED? IF YES, PROVIDE DETAILS BELOW.  YES  NO

EMPLOYEE <input type="checkbox"/>	DEPENDENT <input type="checkbox"/>
--------------------------------------	---------------------------------------

DIAGNOSIS AND PROGNOSIS	DATE OF DIAGNOSIS	TREATMENT PENDING
-------------------------	-------------------	-------------------

EMPLOYEE <input type="checkbox"/>	DEPENDENT <input type="checkbox"/>
--------------------------------------	---------------------------------------

DIAGNOSIS AND PROGNOSIS	DATE OF DIAGNOSIS	TREATMENT PENDING
-------------------------	-------------------	-------------------

3. DOES ANY ELIGIBLE PERSON CURRENTLY HAVE A SERIOUS ILLNESS (INCLUDING, BUT NOT LIMITED TO: CANCER, HEART DISEASE, DIABETES, SUBSTANCE ABUSE, MENTAL ILLNESS, AIDS OR ANY IMMUNE DEFICIENCY DISEASE, SPINA BIFADA, KIDNEY DISEASE, CYSTIC FIBROSIS OR ANY OTHER PROGRESSIVE DISABLING CONDITION)? IF YES, PROVIDE DETAILS BELOW.  YES  NO

EMPLOYEE <input type="checkbox"/>	DEPENDENT <input type="checkbox"/>
--------------------------------------	---------------------------------------

DIAGNOSIS AND PROGNOSIS	DATE OF DIAGNOSIS	TREATMENT PENDING
-------------------------	-------------------	-------------------

EMPLOYEE <input type="checkbox"/>	DEPENDENT <input type="checkbox"/>
--------------------------------------	---------------------------------------

DIAGNOSIS AND PROGNOSIS	DATE OF DIAGNOSIS	TREATMENT PENDING
-------------------------	-------------------	-------------------

4. ARE ANY EMPLOYEES OR DEPENDENTS CURRENTLY HOSPITALIZED OR INCAPACITATED DUE TO ILLNESS OR ACCIDENT?  YES  NO

EMPLOYEE <input type="checkbox"/>	DEPENDENT <input type="checkbox"/>
--------------------------------------	---------------------------------------

DIAGNOSIS AND PROGNOSIS	DATE OF DIAGNOSIS	TREATMENT PENDING
-------------------------	-------------------	-------------------

EMPLOYEE <input type="checkbox"/>	DEPENDENT <input type="checkbox"/>
--------------------------------------	---------------------------------------

DIAGNOSIS AND PROGNOSIS	DATE OF DIAGNOSIS	TREATMENT PENDING
-------------------------	-------------------	-------------------

5. ARE ANY PERSONS ELIGIBLE FOR COVERAGE CURRENTLY PREGNANT?  YES  NO

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED HEREIN IS COMPLETE AND TRUE. I UNDERSTAND THAT BLUE CROSS AND BLUE SHIELD OF OKLAHOMA RELIES ON THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE AND RESERVES THE RIGHT TO RETROACTIVELY CANCEL THE GROUP'S POLICY IF FRAUDULENT OR INCOMPLETE INFORMATION IS PROVIDED TO BLUE CROSS AND BLUE SHIELD OF OKLAHOMA.

AUTHORIZED SIGNATURE	DATE	AGENT SIGNATURE	DATE
----------------------	------	-----------------	------

<b>INTERNAL USE ONLY</b>	ASSIGNED ACCOUNT EXECUTIVE OR ACCOUNT CONSULTANT	PHONE EXTENSION	RFP SUBMITTED BY	SIGNATURE	DATE
--------------------------	--	-----------------	------------------	-----------	------