

Group Health Questionnaire



Please complete all information requested below. This questionnaire may not be accepted if incomplete. Select 'None' or note 'N/A' wherever applicable. Attach additional pages if more space is needed.

I. COMPANY AND ENROLLMENT INFORMATION

Company Legal Name:

Street Address:

City, State and Zip Code:

Total Full-Time Employees on Payroll: (not 1099's)

Total Non-Paid Owners Enrolling in Benefits: (K-1 filers, not W-2)

Name of Current Health Carrier(s):

Are you currently utilizing a PEO? If Yes, name of PEO?

Yes

No

Health Carrier Renewal Date:

Last Renewal Change %:

Please provide a description of your business operations and NAICS or SIC code (if available):

Time with Current Carrier(s):

Is your current plan Self-Funded?

Yes

No

Has the company been denied a health insurance quote from an insurance carrier, a reinsurance company, or a PEO?

Yes

No

If Yes, please briefly explain the reason(s) why and when this occurred:

II. ADDITIONAL INFORMATION

A. List all current Eligible and Active participants in COBRA/State Continuation:
(Check NONE if not applicable)

None:

Full Name of Eligible or Participant	DOB and Home Zip Code	COBRA Eligible Date or Effective Date (if enrolled)	Eligible	Enrolled

B. List any employees on FMLA or any type of medical leave: (Check NONE if not applicable)

None:

Full Name	DOB and Home Zip Code	Effective Date

C. Are any employees, dependents, or COBRA active/eligible currently pregnant?

Yes No

Due Date	Type of Pregnancy (Normal, Multiples, High Risk, Pre-Term, etc...)

III. CERTIFICATION AND SIGNATURE

The undersigned attests that the information contained in this document is true and correct to the best of the undersigned's knowledge and based on all available documents. Authorization is provided to Vensure to verify any of the information herein. The undersigned confirms his/her understanding that this is a request for a proposal from Vensure and that Vensure and its internal division partners are relying on the accuracy of the information contained herein to present such proposal. As such, to the extent the information supplied proves to be erroneous, incomplete or otherwise materially inaccurate, Vensure reserves the right, within its sole discretion, to adjust and/or withdraw entirely any such proposal. The undersigned understands this document is not a contract for service nor will it bind coverage of any kind. This information is gathered for statistical and actuarial use only. This information is not to be used in connection with any decisions or actions regarding any individual's employment.

Authorized Signature

Title

Date Signed

Print Name

Name of Company

Only complete submissions will be accepted.