

Group Risk Profile

Business Name: _____

Please answer the following questions concerning any employee or dependent (including those covered by COBRA) that will be covered by this plan. If more space is needed, please use the back of this form.

1. Has anyone been or expected to be treated for a medical condition (i.e., cancer, cardiovascular disease, AIDS, kidney problems, diabetes, substance abuse, mental illness, pregnancy)? If yes, give details: _____

2. Has anyone been hospitalized within the past twelve months? If yes, give details: _____

3. Are any spouses or dependents incapacitated or confined to a hospital or treatment facility? If yes, give details: _____

4. Is there anyone who is not actively at work performing his or her duties full-time of an illness or injury? If yes, give details: _____

5. Has this group or anyone in the group been declined for medical insurance with your present or previous carrier? If yes, give details: _____

Does your group average 2-50 employees on payroll? Yes _____ No _____

Does your group average 51+ employees on payroll? Yes _____ No _____

Carrier History

Current medical carrier: _____ # of years: _____
Current dental carrier: _____ # of years: _____
Current life & disability carrier: _____ # of years: _____
Prior medical carrier: _____ # of years: _____
Prior dental carrier: _____ # of years: _____

The following applies to groups with less than four employees:

Blue Cross Blue Shield of Alaska requires a copy of your Employer's Quarterly Contribution Report (Form 1004-3a) to confirm eligibility for group coverage prior to releasing a proposal,

OR

Individuals and sole proprietors must submit a copy of the most recently filed Schedule C or F of Form 1040, or Articles of Incorporation;

Partnerships must submit IRS form 1065

Corporations must submit IRS Form 1120/1120A

The undersigned certifies that all of the information shown on this form is correct and complete to the best of his or her knowledge. It is understood that the insurance underwriters intend to rely on this information as part of the rate determination process. If this information is not correct or complete, SGY, Inc. reserves the right to adjust or withdraw any rate proposal.

By: _____
Company Executive or Broker Title Date