

# Health First Health Plans



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### Customer Service

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# Small Group Employer Risk Questionnaire

10-50 Covered Employees

Group Name \_\_\_\_\_

Please answer the following questions to the best of your knowledge for all eligible employees and their dependents:

Has anyone been treated for a serious illness, been hospitalized or had surgery, or a continuing claim in the past twelve months regarding anything listed below?

- |   |  |
|---|--|
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Epilepsy/Convulsions    |
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Hepatitis C             |
| <input type="checkbox"/> Back/Neck          | <input type="checkbox"/> Lupus                   |
| <input type="checkbox"/> Brain              | <input type="checkbox"/> Mental/Nervous Disorder |
| <input type="checkbox"/> Cancer/Tumor       | <input type="checkbox"/> Multiple Sclerosis      |
| <input type="checkbox"/> Heart Condition    | <input type="checkbox"/> Renal Failure           |
| <input type="checkbox"/> Hypertension       | <input type="checkbox"/> Stroke/TIA              |
| <input type="checkbox"/> Emphysema/COPD     | <input type="checkbox"/> Transplant Candidates   |

Has any person tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS?  Yes  No

### If you answered yes to any of the above questions, please provide details below:

Gender	Date of Birth	Diagnosis	Occurrence Date	Claims Paid	Prognosis

This information will be used to determine the medical risk associated with this group. The undersigned Authorized Company Officer hereby acknowledges that the information on this form is complete and true to the best of his or her knowledge. The undersigned Authorized Company Officer further represents that the summary health information provided above was not acquired, used, or disclosed other than as is permitted by applicable law, and specifically was not and will not be used for employment-related actions and/or decisions. I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

### APPLICANT CERTIFICATION

Corporate Officer's Signature	Corporate Officer's Title	Date