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| **Client Questionnaire** |  |

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| Client Name: | | | | | Effective Date: |
| Address: |  |  |  |  | |
| Phone: |  |  |  |  | Best time to call |
| Email: |  |  |  |  | |
| Business Entity Type: | ☐ Sole Proprietor | ☐ Partnership | ☐ S Corporation | ☐ LLC ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Is the business entity domiciled in Colorado? ☐ Yes ☐ No

Nature of Business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are there any other business entities in which you have ownership? ☐ Yes ☐ No

Total number of full-time (30 hours or more per week) employees on payroll: \_\_\_\_\_\_\_\_\_\_

Total number of part-time (less than 30 hours per week) employees on payroll: \_\_\_\_\_\_\_\_

Total number of seasonal workers (working fewer than 120 non-consecutive days per calendar year): \_\_\_\_\_\_\_\_\_\_\_\_

What is your current definition of a full-time employee based on hours worked per week?\_\_\_\_\_\_\_\_\_\_\_

What is your current probationary period for a new hire to be eligible for coverage?

☐ 0 days ☐ 30 days ☐ 60 days ☐ 90 days ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently determine eligibility based on class of employee? ☐ Yes ☐ No If yes, what class divisions do you use?

(e.g., management v. non-management, hourly v. salary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have employees located outside Colorado? ☐ No ☐ Yes Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have terminated employees currently on COBRA/State Continuation? ☐ Yes ☐ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any 1099/contract employees? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_\_\_Currently on health plan ☐ Ye ☐ No

What is your current/planned employer contribution for employees? $ \_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_% lowest cost plan

Do you have a Premium Only Plan (POP) for pre-tax treatment of employee contributions? ☐ Yes ☐ No

Do you use a payroll company? ☐ Yes ☐ No If yes, which company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do your run payroll? ☐weekly ☐ 24 pay ☐ 26 pay ☐ monthly ☐ other

What benefits are currently offered to your employees? *(check all that apply)*

☐ Medical ☐ Dental ☐ Vision ☐ Life ☐LTD ☐ STD ☐ Voluntary

Who is your current medical carrier? *(check one)* 🞎 Currently Individual Policies Only 🞎 Reimbursing Individual Policies

☐ Anthem ☐Humana ☐Kaiser ☐ RMHP ☐United Healthcare ☐ Connect For Health CO ☐ PEO \_\_\_\_\_\_\_\_\_ ☐ Other

☐ Level Funded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your current medical plan?\* ☐ HMO ☐ PPO Deductible/Office Visit copay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplemental Coverage ☐ AFLAC ☐ Allstate ☐ Colonial ☐ Transamerica ☐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type: ☐ Accident ☐ Disability ☐ Group Life ☐ Critical Illness ☐ Legal/ID Theft ☐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you contribute to employee’s Health Savings Accounts or a Health Reimbursement Arrangement? ☐ Yes ☐ No

Do you provide employees with: ☐ Employee Handbook ☐ Employee Safety Guide ☐Summary Plan Description/Wrap Doc

Please provide a copy of current plans (SBC’s), last monthly bill, SPD if you have it with this form.

**Please do NOT send census through email unless you encrypt with a passcode Remember a census with a name and DOB is HIPPA/PII info that must be protected!** We will set up a HIPPA compliant dropbox to transfer employee data if you are unable to encrypt. Thanks! Please scan and email this form to [stacey@denvertechinsurance.com](mailto:stacey@denvertechinsurance.com) **Rev 9/16**

**Page 2 Please fill out this page if you have over 5 employees participating and are interested in a quote for level funded coverage or bundled product (savings of an additional 10-40% depending on health of the group, demographics and zip code). Healthy groups that qualify can save over the rates in the individual and small group market. Please note these products require a 50% contribution towards the lowest priced plan offered on the employee only.**

**Quotes are SAMPLE/estimated quotes on your demographic and group questionnaire until the group submits health statements on each employee. These products differ from small group as they are “medically underwritten” and the company can decline to quote or rate up for conditions.**

**GROUP QUESTIONNAIRE**

1. To the best of your knowledge, are there any employees or dependents (including COBRA enrollees) receiving treatment for a mental or physical condition? If “Yes”, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. To the best of your knowledge, are there any employees or dependents (including COBRA enrollees) who have any significant pre-existing conditions (including pregnancies) **which could be expected to lead to surgery or hospitalization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Have any employees missed more the 10 consecutive work days due to injury or illness in the past 18 months?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are there any employees (including COBRA enrollees) currently not at work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are there currently any pregnant employees? If “Yes” what are their due dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Are any employees on expensive medications for a chronic condition (these are typically Tier 3 and Tier 4 Rx) such as insulin, Humera, etc). *Underwriters are typically not concerned with everyday Rx like HBP meds, birth control and OTC drugs…that’s normal and ordinary in any healthy group.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I realize that my group’s coverage will not be made effective until the information given in this questionnaire is evaluated by the Level Funded Carrier or PEO, coverage is offered and all enrollment information is received. I further certify that the information given is accurate and complete. I verify and understand coverage may be canceled at any time if any information is falsified or omitted from this risk questionnaire.

**Employer Authorized Signature Name & Title Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please review the [sample employee medical questionnaire](http://www.denvertechinsurance.com/files/forms/Sample-Employee_Medical_questionnaire.pdf) that employee’s would fill out for these products. The questions on the employee form will help you with questions above as you think about who in your group has been treated over the last few years or has maybe asked for time off to have an upcoming surgery.  Due to HIPPA, these forms go directly into the company by fax or the employee would be filling out an online assessment form (SSL secure and HIPPA). **Do not distribute this form for review to employees** until the group questionnaire above has been reviewed for pre-screen by underwriting with pre-determination whether the group would make it through underwriting. Please note if your group is asked to fill out the employee questionnaires and additional data that you did not know about comes back that determines the group will be a decline or rate up the underwriters cannot and will not tell you who or what condition made that determination due to HIPPA. Depending on the closeness/openness of the employees and supervisors in a group some of this information is well known to the owner.