

Employer Questionnaire

Company name: _____

Location of site: _____

1. Are any employees not actively at work due to a disability or dependents over the age of 19 with a disability covered by your current medical plan or life plan?

YES NO I have no information

If yes, please provide the following information (do not include names):

Check one	Date of disability	Medical reason for disability
<input type="checkbox"/> EMP <input type="checkbox"/> DEP		
<input type="checkbox"/> EMP <input type="checkbox"/> DEP		
<input type="checkbox"/> EMP <input type="checkbox"/> DEP		
<input type="checkbox"/> EMP <input type="checkbox"/> DEP		

If any person named above is being provided health care benefits by Workers' Compensation, please indicate (do not include names):

2. Are you aware of an employee or dependent covered by your group medical plan who is currently hospitalized?

YES NO I have no information

If yes, please provide the following information (do not include names):

Check one	Reason for hospitalization	Date of admission	Approximate cost, if known
<input type="checkbox"/> EMP <input type="checkbox"/> DEP			
<input type="checkbox"/> EMP <input type="checkbox"/> DEP			
<input type="checkbox"/> EMP <input type="checkbox"/> DEP			
<input type="checkbox"/> EMP <input type="checkbox"/> DEP			

3. Has any employee or dependent had total medical claims in excess of \$25,000 in the past two years?

YES NO I have no information

If yes, please provide the following information (do not include names):

Check one	Reason for claims	Approximate cost, if known
<input type="checkbox"/> EMP <input type="checkbox"/> DEP		
<input type="checkbox"/> EMP <input type="checkbox"/> DEP		
<input type="checkbox"/> EMP <input type="checkbox"/> DEP		
<input type="checkbox"/> EMP <input type="checkbox"/> DEP		

4. Are you aware of any of the following health conditions for an employee or dependent covered by your medical plan?

Check one	Reason for claims
<input type="checkbox"/> YES <input type="checkbox"/> NO	Awaiting a transplant (e.g. kidney, heart, lung, liver, bone marrow)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Has had a transplant
<input type="checkbox"/> YES <input type="checkbox"/> NO	Newborn with major health problems (e.g. respirator dependent, low birth weight or residual impairment) under one year of age
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer in past five years
<input type="checkbox"/> YES <input type="checkbox"/> NO	Serious accident (e.g. paralysis, comatose) in last two years
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other significant health problems (e.g. heart or circulatory problem, diabetes, hemophilia or HIV/AIDS)

If yes, please give details, such as actual medical diagnosis, date medical diagnosis was made regarding the medical condition. Do not include names.

5. Are you aware of any employee or dependent who has developed health conditions of a catastrophic nature or the severity of a condition has changed and wouldn't be reflected in the claims experience provided to HealthPartners?

If yes, please indicate which individuals and their condition (do not include names):

Employer Certification

As an employer representative, I certify that the information provided is complete and accurate to the best of current information available to the employer. The employer has conducted reasonable diligence in obtaining the information necessary to complete this certification and I am in a position to certify this on behalf of the employer.

Signature:

Name:

Title:

Date:

Please provide an estimate of the number of employees expected to enroll: _____

The HealthPartners family of health plans is underwritten and/or administered by HealthPartners Inc., Group Health Inc., HealthPartners Insurance Company or HealthPartners Administrators, Inc. Fully insured Wisconsin plans are underwritten by HealthPartners Insurance Company.

Plans are underwritten and/or administered by HealthPartners UnityPoint Health, Inc. or through its subcontractor HealthPartners Administrators Inc., a subsidiary of HealthPartners, Inc.

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