



Employer Statement and Underwriting Statement for Large Groups (51+)

Group Name _____

Effective Date _____

Broker Name _____

Include information about all eligible employees, dependents and COBRA participants:

1. Has the company ever been canceled or denied group health coverage?

☐ YES ☐ NO

If yes, please explain:

2. During the past 12 months, has any employee or dependent incurred medical expenses in excess of \$10,000?

☐ YES ☐ NO

If yes, how many claims? _____

Please include written details and current health status of each claim in excess of \$10,000:

3. Are there any chronic conditions (diabetes, cancer, heart, kidney problems, etc.) affecting any eligible employee or dependent?

☐ YES ☐ NO

If yes, give details:

4. Are there any medical conditions that may result in a claim over \$10,000 or hospitalization in the next year?

☐ YES ☐ NO

If yes, are any multiple births expected? _____

If yes, give details:

5. Has an employee or dependent been declined for group life or medical insurance under your present or prior plan?

☐ YES ☐ NO

6. Is any person currently receiving continuation of benefits pursuant to the COBRA Act of 1985?

☐ YES ☐ NO

If yes, list names and effective dates: