EMI HEALTH™

Group Risk Evaluation

Group Name

Questionnaire

1. Have covered employees or dependents ever had, consulted a health care professional, or received counseling or treatment for:(Select all that apply and explain below)?

AIDS / HIV ☐	Emphysema ☐	Mental / Emotional ☐
Alcohol/Substance abuse ☐	Heart Disease ☐	Multiple Sclerosis ☐
Auto Immune Disease ☐	Hodgkin's Disease / Lymphoma ☐	Muscular Dystrophy ☐
Blood Disorders ☐	Hypertension ☐	Nervous System / Muscular ☐
Cancer (include type) ☐	Infertility ☐	Organ Disorder ☐
Cerebral Palsy ☐	Kidney / Urinary ☐	Rheumatoid Arthritis ☐
Colitis, Crohn's, Diverticulitis ☐	Leukemia ☐	Sarcoidosis ☐
Cystic Fibrosis ☐	Liver including Hepatitis ☐	Strokes ☐
Diabetes ☐	Lung ☐	Transplants ☐
Digestive System ☐	Lupus ☐	Tumors ☐

2. Are any employees or dependents currently pregnant? If so, list the expected delivery date, and any complications including the anticipation of multiple births or C-section? Yes ☐ No ☐

3. Have any employees or dependents been hospitalized (inpatient or outpatient) or had any surgical operations during the past 5 years? Yes ☐ No ☐

4. Have any employees been absent from work or confined to the home or incapacitated for more than 2 consecutive weeks due to illness or injury during the past 5 years? Yes ☐ No ☐

5. Have any employees or dependents been advised to undergo medical treatment, surgical operations, diagnostic testing or hospitalization in the next 6 months? Yes ☐ No ☐

6. Are any employees or dependents receiving disability benefits of any type including Social Security Income, Worker's Compensation and Medicare? Yes ☐ No ☐

Additional Details

For any condition selected or question above answered "Yes", please complete the following:

Question #	Age & Sex	List condition, disorder, or disease	Dates of care or due date if pregnant	Treatment / Prognosis	Ongoing Y / N	Health status

Signature

I certify to the best of my knowledge that the above information is true, complete and accurate and acknowledge that any coverage issued by the Plan will be issued in reliance thereon.

Employer Signature	Title	Date
Agent Signature	Agency	Date