



MBA / BIAW Risk Appraisal Form

Please answer each question to the best of your knowledge for all persons to be insured under your plan including employees, spouses, and dependent children.

If the answer to any question is "yes," please use the additional space to provide specific information (however, do **NOT** include names or social security numbers).

1. Are you aware of any employees or dependents that have been treated, hospitalized or had surgery for a serious illness. These include, but are not limited to, cancer, AIDS, diabetes, cardiovascular disease, organ transplant, mental disorders, alcoholism, drug abuse, obesity, etc?

Yes No

2. Are you aware of any employees or dependents that have a hospitalization or surgery pending or have been advised that hospitalization or surgery is necessary?

Yes No

3. Are you aware of any employees or dependents that are currently disabled or not actively at work because of illness or injury?

Yes No

4. Are there any employees or dependents on COBRA continuation coverage?

Yes No

If employees are on COBRA, please describe any major medical situations.

5. Are there any handicapped children who have passed the limiting age and are currently insured?

Yes No

6. Are you aware of any claims that have exceeded \$25,000 in the last 12 months on any insured employee or dependent?

Yes No

If so please provide an estimate of the amount paid, an explanation of the medical condition and the likelihood of future claim expenses (do NOT include names or social security numbers).

7. Are you aware of any employees or covered dependents with an existing pregnancy?

Yes No

If "Yes," are multiple births expected?

Yes No

By completing this form I certify that the above information is correct to the best of my knowledge. This is not an application for coverage. Any group insurance coverage will not be made effective until a proposal is made to the group, an application is completed by the group, and coverage is approved by the MBA / BIAW Trust Carriers.

Name of Individual Completing Form

Title

Signature

Name of Company

Date

RA 12/1/05

Upon completion please fax this form to (425) 643-6728