



REQUEST FOR INFORMATION

In order to evaluate an application properly, TakeCare requires the Employer to answer the questions below. The person responsible for the operation of the current benefit plan should fill out this form. Please answer each question to the best of your knowledge with respect to all eligible employees & dependents that you intend to have covered under the TakeCare plan, including those that will be on the continuation of benefits under COBRA.

- 1. Are there any of our employees or dependents with a medical problem or with a history of frequent medical treatment?
2. Are there any employees or dependents that have a hospitalization or surgery pending or that have been advised that hospitalization of surgery is needed?
3. Are there any employees or dependents that have a medical history of Cancer, Heart Disease or Diabetes?
4. Has any proposed insured employee or dependent been diagnosed as having, or told by a member of the medical profession that he/she has AIDS, HIV, or ARC disorders?
5. Are there any employees or dependents that would be applying for coverage, who are disabled or who have a mental or physical disorder?
6. Number of employees/dependents currently hospitalized:

If you answered "YES" to any of questions #1 through #7, please provide the additional information requested for each individual. Please attach additional sheet if necessary.

Table with 6 columns: Indicate whether Employee or Dependent, Nature of Illness, Date of Onset, Approximate Amount of Claim, Length of Disability, Current Health Status.

- 7. Number of employees or dependents currently pregnant: Employees Dependents
8. Have any of these had a history of pregnancy complications or C-Sections?
9. Is any employee or dependent currently a beneficiary under COBRA?
If yes, indicate number of beneficiaries

Employer Signature Date

Group Name

TakeCare Representative Date