Underwriting Questionnaire

Anthem BlueCross BlueShield

Employer information

Prospect name		Contact person		
Street address		City	State	ZIP code
County	SIC code	Nature of business		
Email address		Number eligible	Number covered	
List all locations and number of employees at each location				
Employer contribution Employee: _____% Employee/Spouse: _____% Employee/Children: _____% Family: _____%			Any COBRA? ☐ Yes ☐ No If yes, number covered: _____	
If less than five years, list previous carriers up to five years.			**From**	**To**
1.				
2.				
3.				
Current carrier name and benefits – Describe				

Please provide the current and renewal ancillary rates, plan design, census and insurance certificate.

Current medical rates Employee: _____ Employee/Spouse: _____ Employee/Children: _____ Family: _____			Requested effective date
Renewal medical rates and dates Employee: _____ Employee/Spouse: _____ Employee/Children: _____ Family: _____			Requested effective date
Please indicate claims over $10,000 or any known health conditions in the past year for any employee/dependent, active and disabled. Please give nature of claim.			
Current life rate	**Renewal** life rate	Plan design	
Current dental rate	**Renewal** dental rate	Plan design	
Current vision rate	**Renewal** vision rate	Plan design	
Broker name/agency		Producer name	Producer no.

Employer signature **X**	Printed name		Date
Anthem representative signature **X**	Printed name	Agent no.	Date

Underwriting approval/disapproval ☐ Approved ☐ Disapproved	Date

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