

# Group Questionnaire

Please complete the following sections via our intuitive electronic forms. You can also [download](#) these sections as fillable forms and email to [benefits@peomarketplace.com](mailto:benefits@peomarketplace.com). If your group currently has health coverage, please include your most recent renewal plan documents along with the latest invoice to verify plan details and enrolled participants.

Date\*

Proposed Benefits Effective Date\*

## I. COMPANY AND CURRENT ENROLLMENT INFORMATION

Full Legal Company Name \*

DBA (If Applicable)

Business Description \*

Street Address \*

City \*

State \*

Zip \*

Country \*

Contact Name \*

Contact Email \*

Contact Phone \*

## Group Questionnaire

Total Number of Non-Paid Owners (K-1 filers, not W-2) \*

Total Number of Employees on Payroll \*

Number of Full-Time Employees \*

Number of Part-Time Employees \*

Identify all states in which Employees reside: \*

Are you currently with a PEO? \*

☐ Yes ☐ No

Do you currently have health benefits? \*

☐ Yes ☐ No

### IV. GENERAL EMPLOYER QUESTIONS

1. Has anyone been treated for a serious illness, been hospitalized or had surgery in the past five (5) years? \*

☐ Yes ☐ No

2. Is anyone currently on your plan in the hospital today, confined at home, confined in a treatment facility, incapable of self-support because of physical/mental disability, and/or out of work for a workers comp injury?

☐ Yes ☐ No

3. Has anyone currently on your plan been advised that medical treatment, diagnostic testing, surgery, or hospitalization is necessary?

☐ Yes ☐ No

## Group Questionnaire

4. Is anyone currently being treated or been advised to seek treatment for any of the following: (Check all that apply.)

☐ AIDS or testing HIV Positive

☐ Cancer

☐ Muscular disorder

☐ Transplant(s)

☐ Substance dependency

☐ Diabetes

☐ Arthritis

☐ Kidney disorder

☐ Nervous system disorder

☐ Tumor

☐ Mental illness

☐ Respiratory disease

☐ Back disorder

☐ Liver disease

☐ Stroke

☐ Heart disease

☐ NONE

☐ Other

5. Is anyone currently pregnant? (This includes current employees, dependents, and COBRA participants.)

☐ Yes    ☐ No

### CERTIFICATION & SIGNATURE

The undersigned attests that the information contained in this document is true and correct to the best of the undersigned's knowledge and based on all available documents. Authorization is provided to PEOMarketplace.com to verify any of the information herein. The undersigned confirms his/her understanding that this is a request for a proposal from PEOMarketplace.com and that PEOMarketplace.com is relying on the accuracy of the information contained herein to present such proposal. As such, to the extent the information supplied proves to be erroneous, incomplete or otherwise materially inaccurate PEOMarketplace.com reserves the right, within its sole discretion, to adjust and/or withdraw entirely any such proposal. This is not a contract for service.

Completed by \*

Title \*

Authorized Signature