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## Employer Level Supplemental Questionnaire

Please provide details to questions answered "yes" in the space provided or attach additional sheets if necessary. I understand additional prior plan enrollment information, benefit design information, and history must be evaluated to enroll with this supplemental questionnaire. The excess loss carrier will rely on the data below in approving excess loss insurance for the employer.

1. Has anyone missed more than five consecutive workdays in the last 12 months due to injury or illness by them or their dependents?  
 Yes  No If yes, please explain:
  
2. Has anyone been treated in the past five years or anticipate being treated for a serious illness, immune system disorder, hemophilia, cancer, heart disorder/disease, Hepatitis C, kidney, or organ or tissue disorder/transplant, stroke, AIDS/ARC, mental or nervous disorder, substance abuse or other accident/injury  
 Yes  No If yes, please explain:
  
3. Has anyone within the last six months been advised to have surgery or does anyone anticipate hospitalization or treatment/outpatient procedure for any other reason?  
 Yes  No If yes, please explain:
  
4. Are there any spouses or dependents who are disabled, or confined in a hospital or treatment facility?  
 Yes  No If yes, please explain:
  
5. Are there any employees who are not performing his or her normal duties due to illness or injury?  
 Yes  No If yes, please explain:
  
6. Has any plan participant (employee or dependents) incurred \$10,000 or more in claims within the last 12 months?  
 Yes  No If yes, please explain:
  
7. Are any employees or their dependents pregnant and/or considered to be high risk for complications of pregnancy  
 Yes  No If yes, please explain

Note: All eligibility and questionnaire information must be complete and accurate. Excess loss insurance coverage can be reformed or rescinded as allowed in the excess loss policy if false information is disclosed. If the plan sponsor fails to properly disclose medical information that the excess loss carrier would determine to be an unacceptable risk, and that should have been disclosed, excess loss coverage levels relating to one or more plan participants under the policy may be reformed back to the original policy effective date (e.g. increased specific deductible or remedies allowed under the policy).

\_\_\_\_\_  
Employer-Responsible Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date