

TACT

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Risk Information For;

Company Name:

Number of...

- _____ Employees or dependents in this group who are pregnant (Indicate due Date)
- _____ Employees or dependents in this group who are disabled or not actively at work.
- _____ Employees or dependents in this group who are anticipating treatment in excess of \$5,000 in the next twelve months.
- _____ Employees or dependents in this group who incurred \$5,000 or more in claims during the past twenty four (24) months..
- _____ Employees or dependents in this group who have knowledge of or; during the past twenty four (24) months, received treatment for disease, disorder or ailment of:
Blood, Immune System, Cancer, Diabetes, Heart, Kidney, Skeletal System, Respiratory System, Psychological, Alcohol or Drug Abuse.

Provide details to questions above in the area below. For past claims, provide diagnosis, prognosis, course of treatment (if applicable) and the approximate claim amount for all individuals. Please use another sheet if necessary.

If you have monthly group claims and enrollment data, please supply that information.
(Note: HB 2015 requires fully insured carriers to supply claims information to the employer, upon request.)

Completed By

Date