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**EMPLOYEE HEALTH QUESTIONNAIRE**

**Instructions**

1. All full-time employees are eligible to participate in **group** health coverage. Part-time employees can only apply for **individual** health coverage. All employees who are interested in some type of coverage need to complete the information section below.
2. Please complete the spouse and/or children section **only** if you would like to apply for dependent coverage.

Employer \_\_\_\_\_ Location \_\_\_\_\_ Job Title \_\_\_\_\_

Job Status (Part-time/Full-time) \_\_\_\_\_

Applicant \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Spouse \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Children \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Has any individual or dependent applying for coverage been hospitalized in the past two years or received medical services in excess of \$5,000? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, please give details below.)

Is any individual or dependent applying for coverage currently pregnant ?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, please give details below including anticipated delivery date.)

DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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