Northwest Insurance Services
1350 Remington Road, Suite C • Schaumburg, Illinois 60173
Tel: 847-310-0400 • Fax 847-310-0401 • email nis@nwinsurance.com • www.nwinsurance.com

Group Medical Questionnaire

Employer Name(s) _____ **Business Description** _____

Main Address: (Street/City/Zip/County):_____

Your current Group Medical carrier? _____ **Plan Anniversary Date**_____ **# Years w/This Carrier?** _____

Total # of ALL current Employees (TOTAL Full Time + Part Time) =_____**Total Full-Time (30+ Hr./Wk.)** _____ **Total Part-Time (< 30 Hr. /Wk.)** _____

Do any Employees or Covered Dependents live outside Illinois? _____ **If YES, please advise who and which state(s):**_____

***** We need copy of current carrier Benefit Summary & Invoice w/Insured Persons *****

Employee Census

Please list ALL Full-Time employees (30-hr. + per week) regardless if they will Opt to be on the plan or not. DO NOT list Part-Time employees (< 30 hours per week).

Employee Name (Last/Initial)	M/F	D.O.B.	OPT IN? Y/N	Spouse D.O.B. & Gender	OPT IN? Y/N	Dependent D.O.B. & Gender	OPT IN? Y/N