State of Indiana

Local Unit of Government Gatekeeper Questionnaire

[Please Print]

Name of Local Unit: _____

Address: _____
Street City State/Zip

Contact Name/Position:_____ Bus. Telephone No :_(____) _____

Prospective Group Information

1. Total number of eligible employees: _____

2. Total number of employees to be included in this plan: _____

3. Current number of COBRA Participants: _____

Please answer A through D to the best of your knowledge:

A. Are there any employees currently who are not actively at work due to a mental or physical disability?
[ ] Yes [ ] No If "Yes", please explain: _____

_____

B. Have any employees or dependents incurred claims in excess of $10,000 in the last 12 months? [ ] Yes [ ]No

C. Are any employees or dependents currently receiving treatment for any of the conditions listed below?
[ ] Yes [ ] No If yes, please check the appropriate box (es).

[ ] Aids / Immune Disorders
[ ] Diabetes
[ ] Heart Disease
[ ] Lupus
[ ] Stroke / Paralysis
[ ] Cancer / Tumor
[ ] Epilepsy
[ ] Kidney
[ ] Multiple Sclerosis
[ ] Cardiovascular
[ ] Emphysema / Pulmonary
[ ] Liver
[ ] Neurological

D. Are any employees or dependents pregnant? [ ] Yes [ ] No If "Yes", how many? _____

I represent to the best of my knowledge the information I have furnished is accurate, and includes any employees and dependents that have elected continuation of insurance benefits.

_____ _____ _____
Signature Title Date