

REQUEST FOR UNDERWRITING OPINION



This Underwriting Opinion Form should be used in those situations where there is a question about a proposed applicant's health history. Underwriting Opinions are based on the data provided below. **A fully completed application is required in order to determine an applicant's eligibility for coverage.**

Fax Underwriting Opinion Requests to: Individual/Family Plans 630-978-8455

Date: _____
 Producer Name: _____
 Producer ID Number: _____
 Phone Number: (____) _____
 Fax Number: (____) _____

Proposed Insured: _____
 Sex: M _____ F _____
 Current Age: _____ DOB: ____/____/____
Mo. Day Year
 Height: _____ Weight: _____

CHOOSE ONE PLAN: Individual/Family Plans

Please complete a separate form for **each proposed insured**.

- Health Check Select Deductible: \$200 \$500 \$1,000 \$1,500 \$2,500 \$5,000
- Health Check Basic Deductible: \$500 \$1,000 \$2,500 \$5,000
- Health Check HSA Deductible Option: _____

MEDICAL INFORMATION

Date of last visit to Physician: _____ Reason: _____
 Results of last visit: _____
 Treatment? YES NO If yes, provide details: _____

MEDICAL HISTORY

- | 1) Condition/Diagnosis | Date First Treated | Medication/Treatment | Degree and Date of Recovery |
|------------------------|--------------------|----------------------|-----------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
- 2) Has the proposed applicant ever been hospitalized or treated in an Emergency Room? YES NO
 If yes, dates: _____ Reason for: _____
- 3) Has the proposed applicant ever had surgery? YES NO
 If yes, dates: _____ Type of surgery: _____
- 4) Is applicant taking any medications other than listed above? YES NO
 If yes, details: _____
- Additional comments: _____

UNDERWRITER'S OPINION

(DO NOT WRITE IN THIS AREA. FOR UNDERWRITING SERVICES USE ONLY)

A final underwriting decision will be based on a formal application which can be submitted at any time for consideration. The final decision may be different from the opinion shown below.

Based solely on the information shown above; the proposed applicant may:

- be eligible for coverage be eligible for coverage with an exclusion rider not be eligible for coverage

Underwriter Comments: _____

Underwriter: _____ Date: _____

703??0608 OK

Consumer Markets Underwriting

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association