Group Risk Appraisal

Company Name Housing Authority of Paducah		Industry Public Housing	SIC Code unknown
Address 2330 Ohio Street		City/State Paducah KY	Zip 42003
Producer Name	Producer Firm Peel & Holland		Phone (270) 443-2550
Renewal Date 07/01/2020	ER Contribution % EE 75% Dep 25%	Eligibility Period Yes Days 90	
# Eligible Employees 27	# Covered Employees 27	# COBRA/State Continuees 0	

5 Year Carrier History			Current Rates:		Renewal Rates:	
Carrier: Anthem	Eff. Date:	07/01/2019	EE Only	516.45	EE Only	
Carrier: Anthem	Eff. Date:	07/01/2018	EE/Spouse	1,082.43	EE/Spouse	
Carrier: Anthem	Eff. Date:	07/01/2017	EE/Child	929.90	EE/Child	
Carrier: Anthem	Eff. Date:	07/01/2016	EE/Fam	1,648.41	EE/Fam	

Please answer the following questions to the best of your knowledge for all eligible employees and their dependents.
IMPORTANT: Your answers must include all COBRA and State Continued Individuals covered by your current plan.

Yes ☐	No ☒	A.	Are any employees, dependents or COBRA continues considered disabled?
Yes ☐	No ☒	B.	Are any covered persons contemplating treatment or hospitalization, been advised to seek treatment, or been scheduled for hospitalization and/or surgery?
Yes ☐	No ☒	C.	Are any covered persons pregnant? If Yes, how many? ____
Yes ☒	No ☐	D.	Has any employee missed 10 or more consecutive days of work in the last 12 months due to injury or illness?
Yes ☐	No ☒	E.	Has the Group or Producer/Agent requested and/or received paid claim information within the past 6 months from the current carrier? If yes, please provide all claim information received.
Yes ☒	No ☐	F.	Within the past 12 months, has any covered person had a serious continuing claim (i.e., chronic or ongoing condition likely to cost $10,000 or more per year for treatment) due to a mental or physical disorder? If yes, check the appropriate box(es) below.

☐	Aids/ Immune disorders	☐	Cardiovascular	☐	Infertility	☐	Neurological
☐	Alcohol Abuse	☒	Diabetes	☐	Intestines	☐	Pancreas
☐	Arthritis	☐	Drug/ Substance Abuse	☐	Kidney	☒	Skin
☐	Back, Neck	☐	Epilepsy	☐	Liver	☐	Stomach
☐	Blood	☐	Ears/ Eyes	☐	Lungs	☐	Stroke/ Paralysis
☐	Bone/ Joint	☐	Emphysema/ Pulmonary	☐	Lupus	☐	Venereal
☐	Brain	☐	Heart Disease	☐	Mental/ Nervous	☐	Other (detail below)
☐	Cancer/ Tumor	☐	High Risk Pregnancy	☐	Migraines		

If you answered "yes" to questions A, B, C, D or F, please provide the following information for each individual with a likely serious continuing condition. Use an additional sheet if necessary.

EE, Dep or Continuee	Age	Nature of Condition	Dates of Treatment	Names of Medication	$ Amount of Prior Claims	Current Status
Dep	53	Skin Abnormality requiring surgery	08/14/2019-09/09/2019	unknown	unknown	Medially cleared for full duty
EE	57	Diabetes	01/01/2019-11/30/2019	unknown	unknown	Retired

I represent to the best of my knowledge the information I have provided is accurate. I understand that will rely on this information to determine whether a proposal will be issued. If errors or omissions are subsequently found, reserves the right to revise rates or rescind the quote.

Employer Contact Name/Title	Signature	Date
Tara Elder		1/17/2020