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NOVIA UNDERWRITERS, INC.
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EMPLOYEE PRE-QUOTE INFORMATION FORM

The Employee Pre-Quote Information Form is used by Novia Underwriters, Inc. to assess the group information associated with a proposal request submitted on your behalf by your Broker and/or Third Party Administrator. Novia, its carriers and reinsurers require this form for all groups of 35 lives or less.

All employees currently enrolled, or expected to be enrolled, in your health care program should complete and sign this form.

The information requested in this form is considered CONFIDENTIAL. Therefore, Novia recommends that employers, brokers and third party administrators not review, copy or retain the information provided in any manner. It is suggested that employers may want to have the forms returned in an envelope to insure the PRIVACY of their employee's medical information.



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EMPLOYEE PRE-QUOTE INFORMATION

This does not constitute an application for insurance. The information requested will enable us to properly evaluate the health insurance needs of your company. All information will be kept confidential.

Company Name: _____

Employee Name: _____ Date of Birth: _____

Coverage Required: ___ Employee ___ Employee & Spouse ___ Employee & Children ___ Family

1. Did you, your spouse, or any covered dependent incur claims in excess of \$2,500 in the past 24 months? ___ Yes ___ No

Reason/Diagnosis: _____

Current Status/Prognosis: _____

2. In the past 24 months, have you or any covered dependent been hospitalized or received treatment for:

Yes	No		Yes	No		Yes	No	
		High Blood Pressure			Immune System Disorder			Congenital Disorder
		Heart Disease			Cancer/Tumor			Multiple Sclerosis
		Diabetes			Kidney Disorder			Systemic Lupus
		Cirrhosis/Pancreatitis			Alcohol/Drug Disorder			Rheumatoid Arthritis
		Stroke			Emphysema			Nervous & Mental

3. Are you, your spouse, or any covered dependent presently ill, taking medication, receiving treatment, or been advised of a condition that will require medical treatment or surgery in the next 12 months?

___ Yes ___ No **If yes**, give name, date & details _____

4. Are you, your spouse, or any covered dependent (whether or not named on the application currently pregnant)?

___ Yes ___ No **If yes**, give name, date & details _____

5. Are you, your spouse, or any covered dependent currently disable or hospital confined?

___ Yes ___ No **If yes**, give name, date & details _____

Your signature authorizes Novia Underwriters, Inc. to use the information provided in preparing a proposal for your employer

Signature _____ **Date** _____