



# Prospect Assessment Questionnaire

As a Health Benefits Broker, your job is to connect your clients with the insurance and benefit companies you work with, ensuring they get coverage that fits their needs and budget. This requires knowing the details of different health benefit plans and understanding what each client needs. It's a role that calls for careful attention to detail and a commitment to helping clients. By recommending the right plans, you support their financial, emotional, and physical well-being, giving them peace of mind. Gathering accurate information and using it wisely also protects you from potential liability for recommending the wrong coverage.



## *Key Considerations for Your Client's Health Plan Needs:*

- **Does the prospective client currently have comprehensive medical coverage?**
- **If they are dissatisfied with current coverage, find out the reasons why.**
- **Has the prospective client experienced a Qualifying Life Event (QLE)?**  
A QLE is an event that can change their eligibility or status for health benefit plans outside of the Open Enrollment Period (OEP).
  - ● ● **Changes in family status:** Marriage, divorce, birth or adoption of a child, acquisition of a foster child, legal separation, or death of a spouse or dependent.
  - ● ● **Changes in residence:** Moving to a different ZIP code or county, or a student moving to or from their school.
  - ● ● **Loss of health coverage:** Losing job-based, individual, or student plans, or losing eligibility for Medicare, Medicaid, or CHIP.
  - ● ● **Changes in income:** Changes that affect the coverage you qualify for, or if your household income is below a certain amount.
- **What is your client's budget for health benefits?**  
Determine if they qualify for subsidies or assistance programs to help make health coverage more affordable. Understanding their budget will guide the selection of plans that fit within their financial reach.
- **Does your client have specific doctors or hospitals they prefer?**  
Some health plans may limit access to certain providers. Asking about preferred healthcare professionals or facilities will help you identify plans that include those options.
- **Are there specific health services your client needs?**  
For individual clients, ask about their unique healthcare needs. For group plans, consider the needs of their employees.
- **Could the client, their dependents, or employees require maternity care or specialized services in the future?**  
Anticipating potential needs such as maternity or specialized care will help narrow down the range of suitable plans to discuss.
- **How frequently do your clients or employees typically visit medical professionals?**

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- **Are dependents included in the proposed coverage?**

Again, demographics may be a factor in answering this question. If your clients, family members, and enrolling employees have a need for frequent medical attention, that should be weighed in selecting plans for quoting.

- **What is your client's level of understanding and comfort with health insurance terms and processes?**

Your client's answer will help you gauge how much guidance he/she/they might need in understanding the proposed health policy and its benefits.

- **How does your prospective client earn his or her living?**

Certain plans are not available to people with particular employment statuses. Your client's answer will help you determine what alternative plans may be available to them.

- **Is your client willing to share personal health and consumer insights data in order to qualify for lower monthly contributions?**

Your client's answer will help you determine what alternative plans may be available to them.

## Health Disclosures

Is the prospective client, spouse/domestic partner/significant other, dependent children, or any other member of their household currently being treated for, or expect to be treated for any of the following over the **next 12 months**?

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Organ failure, leading to Bone Marrow or Organ Transplant.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Any genetic condition that requires cell or gene therapy treatments.                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Any cancer that requires chemotherapy, radiation, bone marrow treatments, and/or cell therapy treatments. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Kidney failure requiring dialysis treatments.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. High risk pregnancy, or pregnancies involving multiple fetuses.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Hemophilia, or other blood clotting disorders.  |

**Disclaimer:** If the account holder, their spouse, or any dependents answer “yes” to any of these questions, they will not be eligible for coverage.





# 11 Required Questions



## Health Disclosures

Please answer the following questions for yourself, your spouse, and any dependents included in the application for coverage. *NOTE: Dependent children are covered until the end of the month in which they turn 26. Domestic partners are not eligible for coverage— only legal spouses qualify.*

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has the prospective client or any of his/her dependents been under a doctor's care currently or within the past five years for any of the following conditions: cancer, heart disease (including bypass), heart attack, heart surgery, or stroke?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has the prospective client or any of his/her dependents applying for coverage been home-bound, incapacitated, or incapable of self-support due to a medical condition within the past five years?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Has the prospective client or any of his/her dependents applying for coverage been under a doctor's care currently or within the past five years for an autoimmune or blood disease (e.g., lupus, MS, anemia, AIDS, HIV, hemophilia, IBS, or Crohn's)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has the prospective client or any of his/her dependents been under a doctor's care currently or within the past five years for organ failure or an organ transplant involving the kidney, liver, lung, or heart, or for any form of organ support (e.g., dialysis)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is the prospective client or any of his/her dependents applying for coverage currently pregnant or expecting?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is the prospective client or any of his/her dependents currently receiving treatment for a condition that required hospitalization within the past five years?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Has the prospective client or any of his/her dependents been under a doctor's care currently or within the past five years for a respiratory disorder, such as emphysema, chronic bronchitis, COPD, or chronic pneumonia?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Has the prospective client or any of his/her dependents seeking coverage been under a doctor's care currently or within the past five years for a musculoskeletal disorder, such as back disorders, muscular dystrophy, cerebral palsy, dermatomyositis, compartment syndrome, sciatica, or osteoporosis?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Has the prospective client or any of his/her dependents seeking coverage been under a doctor's care currently or within the past five years for alcohol or substance abuse or dependency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Has the prospective client or any of his/her dependents seeking coverage been under a doctor's care currently or within the past five years for Type 1 diabetes, required insulin on a semi-regular or regular basis, or been under the care of a healthcare professional for any diabetes-related conditions? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Has the prospective client or any of his/her dependents seeking coverage been under a doctor's care currently or within the past five years for a previous major surgery, or have an upcoming planned surgery?   |

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