

NTCA Use Only

Initials

Date

Statement of Health Condition Group Health Program (GHP)

This form must be completed when an employer applies for admission to the medical plan under the NTCA Group Health Program (GHP). All employees, retirees, directors, and retained attorneys of a newly-applying employer must complete this form, regardless of whether they, or their dependents, will be enrolling in the GHP coverage on their first entitlement date. (Note: Employees can maintain the confidentiality of their medical information by submitting the "Statement of Health Condition" form to their employer in a sealed envelope for forwarding to NTCA's Asheville, N.C. office.)

HEALTH CONDITIONS List any illnesses, injury, physical, or psychological condition for which you or the Dependent(s) listed above received treatment, care, medication or advice or you had specific knowledge of the existence of during the six month period immediately preceding date this for completed. Prepare, sign and attach additional sheets if needed.	APPLICANT INFORMATION						
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