



Young Adult Healthy Discount Application

*Employees under the age of 35 may be eligible
for a discount of up to 10 - 20%.*

Please complete this application in its entirety as completely and accurately as you can and submit this along with your application for enrollment in to the group health benefits plan. You will be notified via email if your request for a Young Adult Healthy Discount is accepted and the level of discount you have qualified for. If you have any questions about this form or the benefit options in general, please contact us at (877) 514 - 8782 and select option #2 or email us at benefits@contractsubs.com.

Section #10: PESG Employee Applicant Information

Please fill out ALL fields completely and accurately.

Last Name		First Name		Middle	Phone Number () -
Home Address			Date of Birth / /		Social Security Number - -
City	State	Zip	Email Address		

Section #11: Prior Health History

Please answer the following questions as completely and accurately as possible.

- Yes No Has anyone listed on this application for coverage ever had a medical condition for which medical advice, diagnosis, care, or treatment was recommended or received from a physician either currently OR within the last 5 years?
- Yes No Has anyone listed on this application for coverage ever taken or have they been recommended to take daily, weekly, monthly, quarterly or any other regular medication regimen from a physician within the last 5 years?
- Yes No Has anyone listed on this application for coverage participated in any potentially hazardous activities or hobbies within the last 5 years. Hazardous activities or hobbies may include but not be limited to: scuba diving, jet, snow, and water skiing, snowboarding, hang gliding, skydiving, paragliding, bungee jumping, mountain climbing, and amateur racing.
- Yes No Does anyone listed on this application for coverage consume alcohol or tobacco products at a frequency of more than twice per week?
- Yes No Has anyone listed on this application for coverage ever been convicted of a DUI/DWI or received ANY moving violations other than for excessive speed of less than 10MPH over the
- Yes No Has anyone listed on this application for coverage taken any non-prescription drugs or have they ever failed a random drug test within the last 5 years?

Section #12: Prior Health History

If you answered YES to any of the preceding questions, please list all details concerning this answer below.

Family Member	Details or Description	When did this occur

Signature of Applicant

_____/_____/_____
Date

Please submit this document WITH your application for coverage