Completing Personal Health Questionnaire (PHQ)

Procedure: Below find instructions on how the Employer will complete the online Personal Health Questionnaire (PHQ).

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Completing the PHQ

Group Benefit Services, Inc. (GBS) utilizes the HERO System by Milliman to evaluate a group based on their personal health questionnaires. We ask employees to complete a Personal Health Questionnaire (PHQ) as a way to evaluate the medical risk of an employee and their dependents.

Link

Your employer will email you a link from the HERO System. In the email that your consultant there are instructions and a brief overview of why you are completing the PHQ.

123 Testing - Group Benefit Services - Personal (PHQ) Health Questionnaire

PHQ: https://gbs.herouw.com/Forms/Index?cid=%2fe75PNMctxE%3d&isghq=false&cn=

Thank you for choosing to complete the following health insurance questionnaire.

Your response is completely private and secure and it will help you and your employer obtain group health coverage through Group Benefit Services Health Plans.

Please make sure you have the following information available for you and your family, including:

Details about past and present health conditions, including diagnoses and outcome.

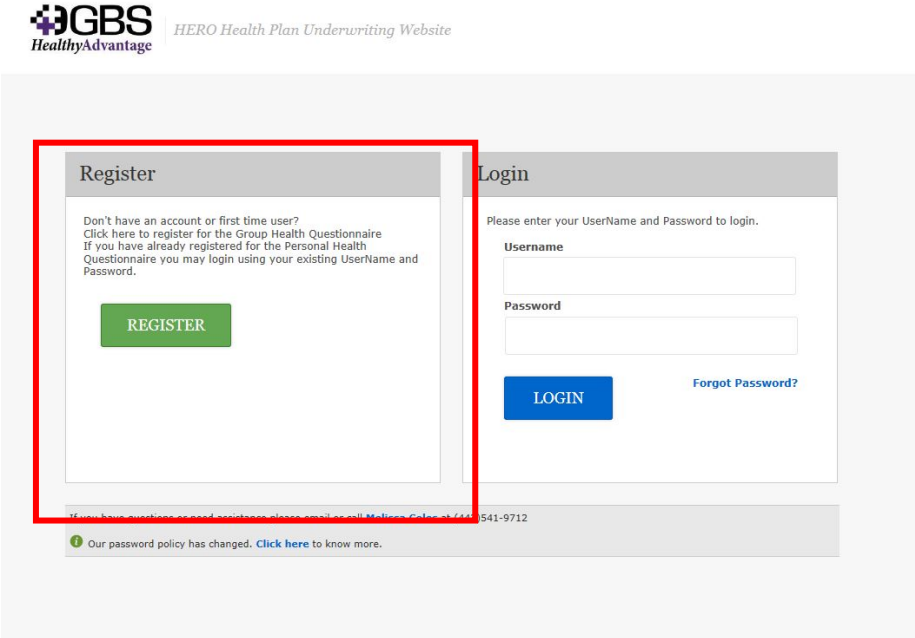
Names and dosages of all current prescriptions.

Height, weight, birth date and knowledge of tobacco usage.

Dependent social security number

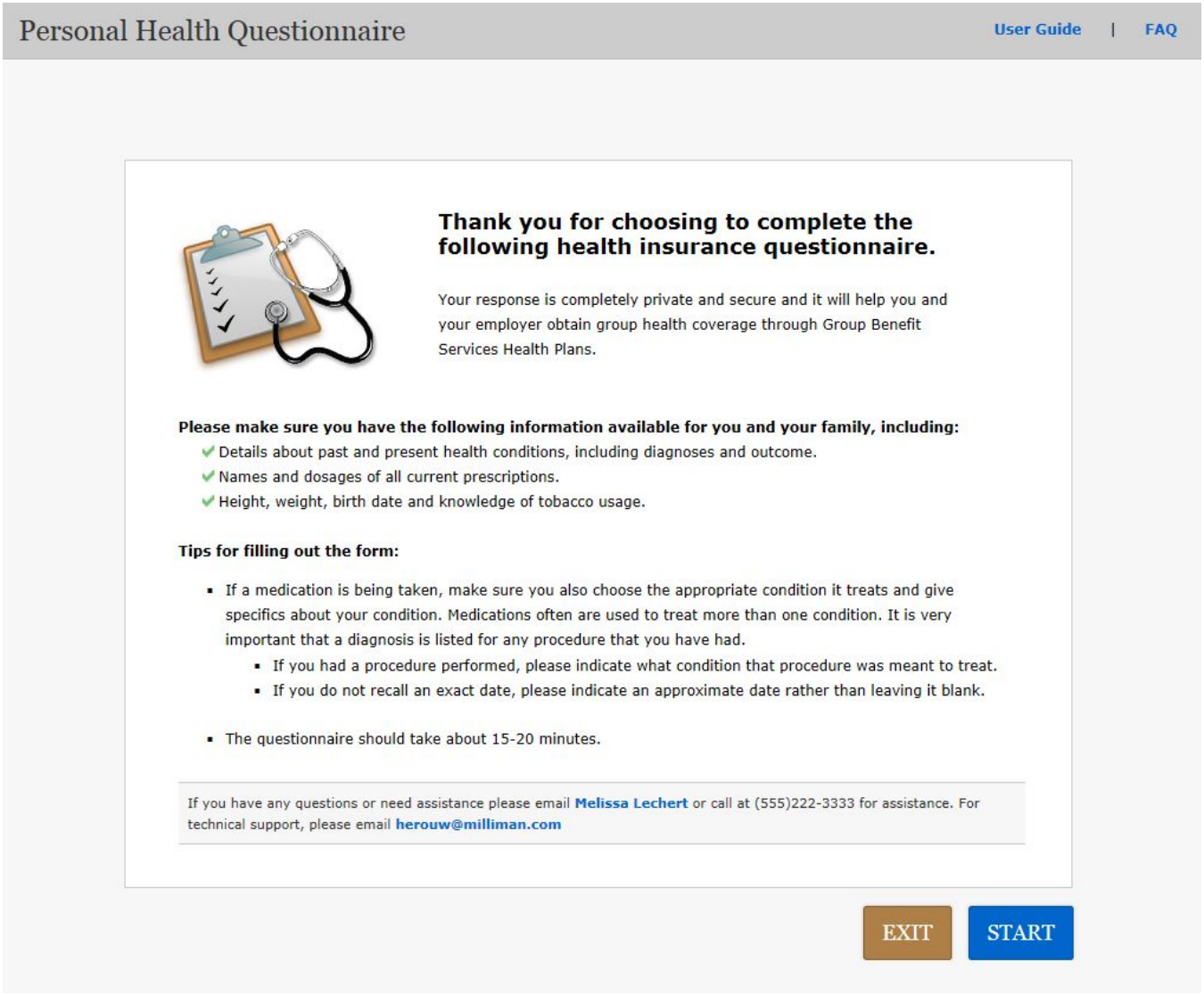
Register

Click on the link for the PHQ. The screen you come to says Register or Login. Since this is your first time entering information into the system, you will need to register for an account. If at any time during the process you need to "Save and Exit" you simply click back on the link and enter the username and password that you created when you registered. If you forget your password, click on the "Forgot Password" link.



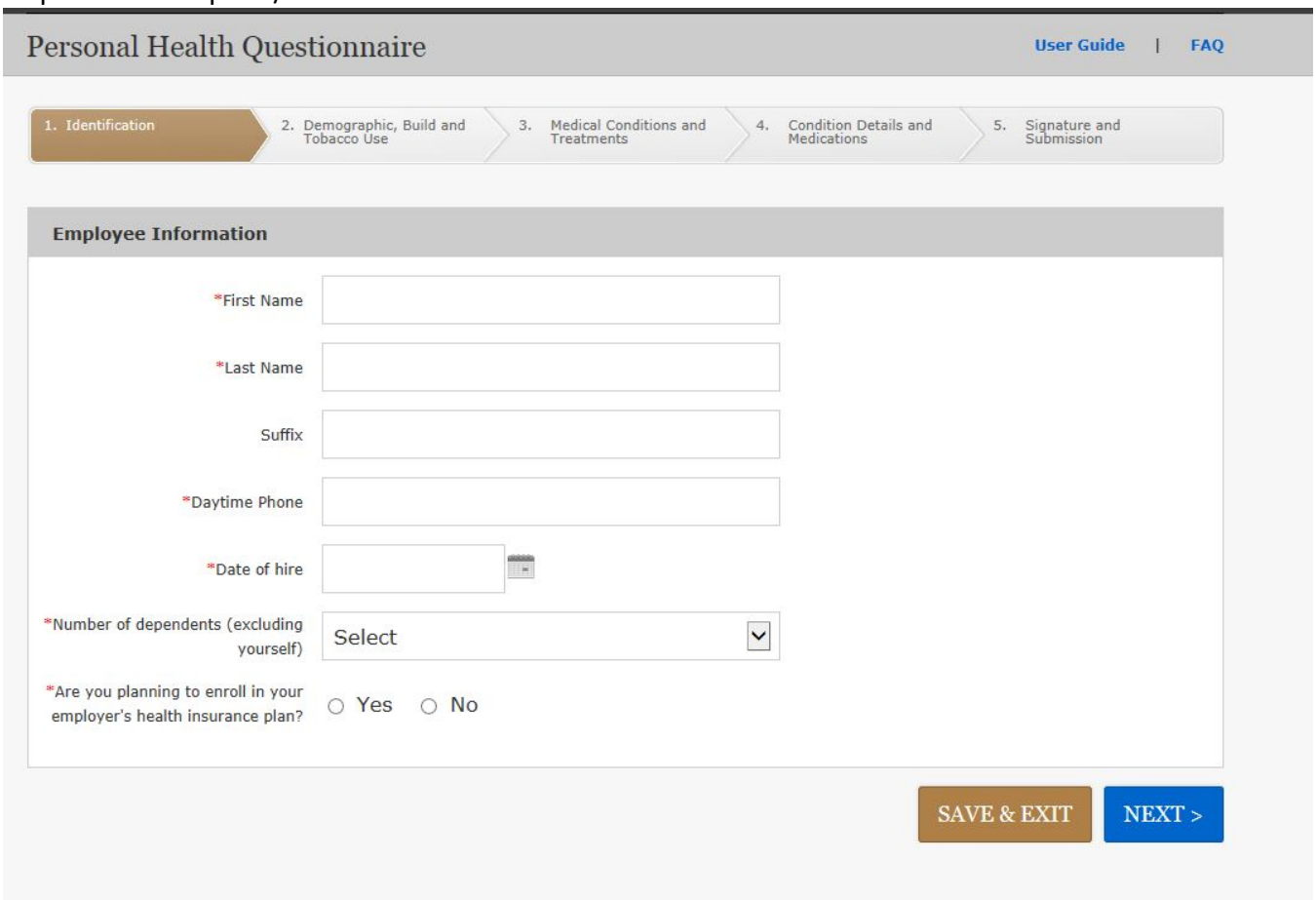
Welcome

The first screen you get to after Register, is Welcome! This is where you set your username and password. It is a good idea to write down your username and password in the event that you can't complete the entire questionnaire at one time and have to log back in.



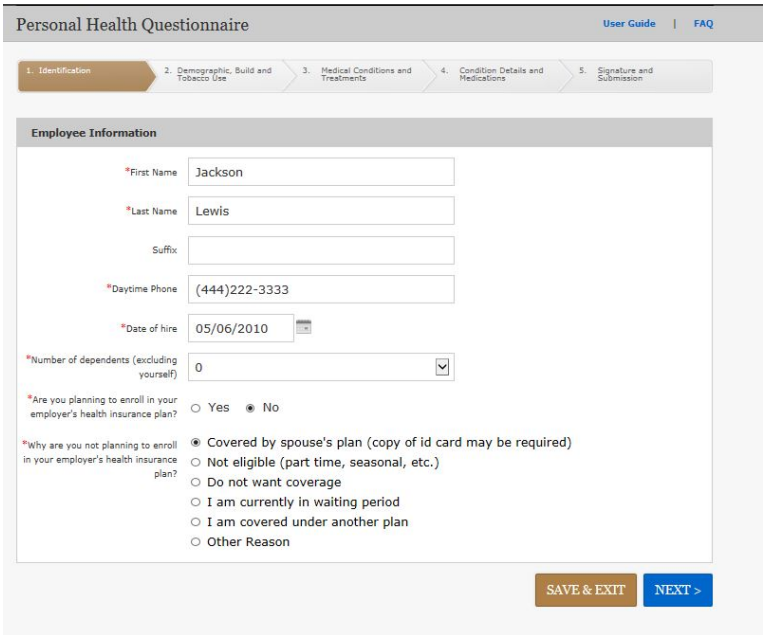
Completing the PHQ

The next series of screens are to show you the questions and information that you will be required to complete/answer.

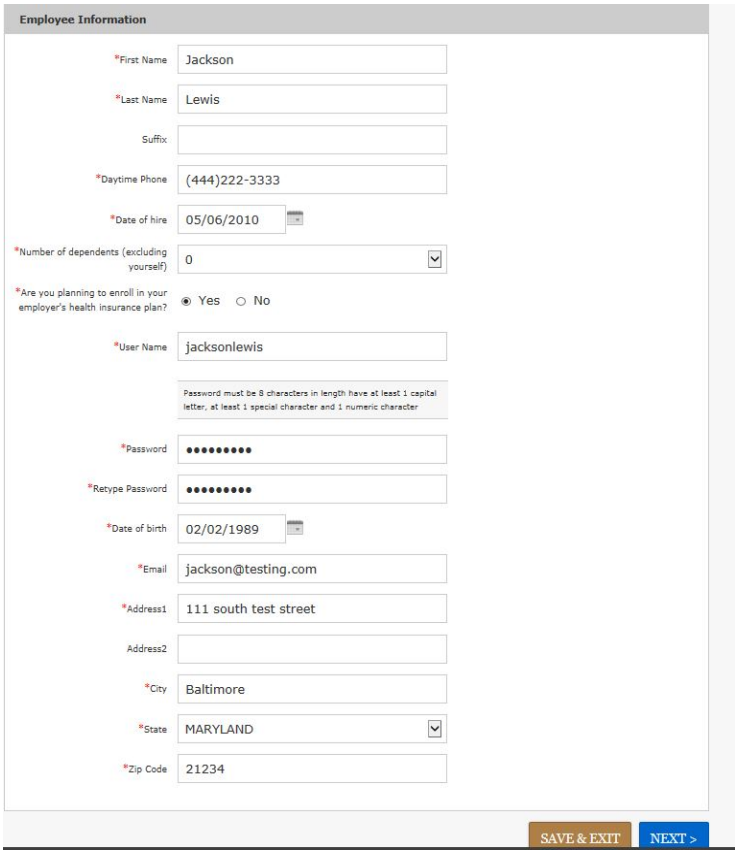


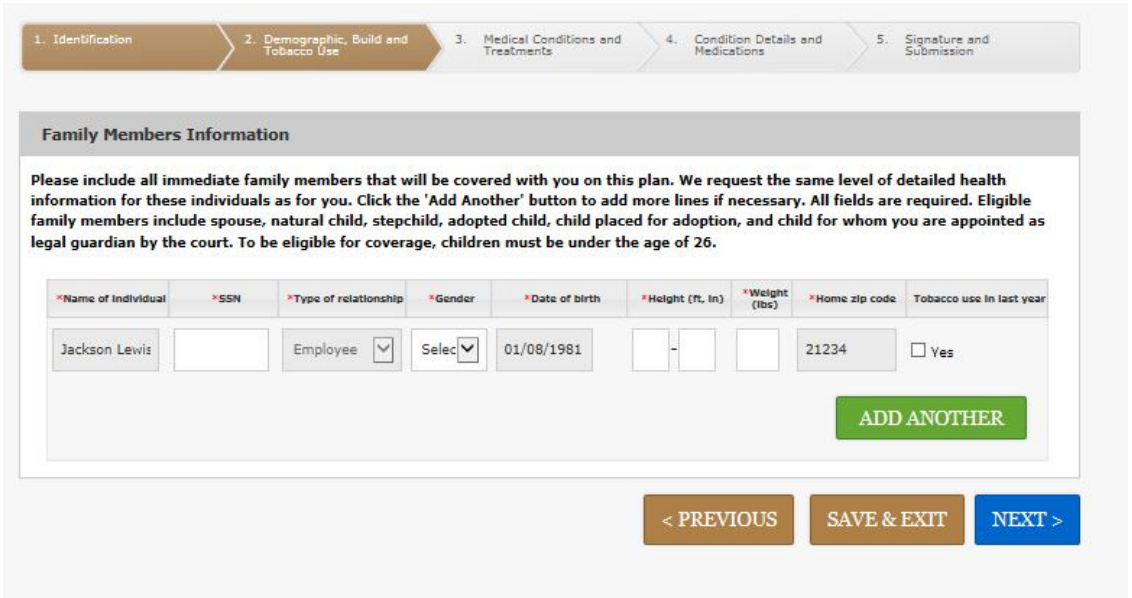
Enrolling or Waiving

If you select “No” to the question “Are you planning to enroll?”, you will go to a waiver screen. Once you hit “Next” you will skip all of the other questions and go to the E-Signature page where you will sign and complete your waiver.



If you select “Yes” to the question “Are you planniong to enroll?”, you will continue the process by creating a username and password and answering your medical questions before e-signing and submitting.
The screens below will walk you through those steps.





Medical Questions

Medical Conditions and Treatments

Has any person from your listed family members seen a medical provider, had treatment recommended, received care (including prescriptions) or been hospitalized for:

1.	Cancer	○ Yes ○ No
2.	Cardiac or heart disease / disorder	○ Yes ○ No
3.	Diabetes	○ Yes ○ No
4.	High Cholesterol	○ Yes ○ No
5.	High blood pressure	○ Yes ○ No
6.	AIDS or HIV+	○ Yes ○ No
7.	Arthritis (e.g. rheumatoid, osteo, psoriatic, gout)	○ Yes ○ No
8.	Back disorder (e.g. degenerative disk disease, herniated disk, spinal fusion, spondylitis, strain)	○ Yes ○ No
9.	Benign growth (e.g. tumor, cyst)	○ Yes ○ No
10.	Birth Defects	○ Yes ○ No
11.	Bowel (e.g. ulcers, hernias, chronic diarrhea, diverticulitis, diverticulosis, irritable bowel syndrome, reflux, gastroesophageal reflux disease GERD, gallbladder disorder, hemorrhoids, polyps, Crohn's disease, colitis, colostomy, ileostomy, or other digestive disorder)	○ Yes ○ No
12.	Circulatory system disease	○ Yes ○ No
13.	Immune / autoimmune disease	○ Yes ○ No
14.	Kidney disorder (e.g. nephritis, renal failure)	○ Yes ○ No
15.	Liver disease (e.g. cirrhosis, hepatitis A, B, C, E)	○ Yes ○ No
16.	Mental illness (e.g. mild or major depression, anxiety, bipolar disorder, or schizophrenia)	○ Yes ○ No
17.	Is counselling being currently received?	○ Yes ○ No
18.	Muscular Disorder	○ Yes ○ No
19.	Respiratory (e.g. asthma, allergies, pneumonia, COPD, emphysema, bronchitis, sleep apnea, pleurisy)	○ Yes ○ No
20.	Stomach (e.g. ulcer, acid reflux, GERD)	○ Yes ○ No
21.	Substance dependency (e.g. alcohol, drug)	○ Yes ○ No
22.	Stroke	○ Yes ○ No
23.	Transplants (if yes, list organ(s) on the next page)	○ Yes ○ No

Has any one had any of the following for serious illness in the past 5 years?

1.	Treatment	○ Yes ○ No
2.	Hospitalization	○ Yes ○ No
3.	Surgery	○ Yes ○ No

Is anyone currently:

1.	Hospitalized or confined in a treatment facility?	○ Yes ○ No
2.	Confined at home, incapacitated or incapable of self-support?	○ Yes ○ No
3.	In surgery or scheduled for surgery?	○ Yes ○ No

Is any of the following pending?

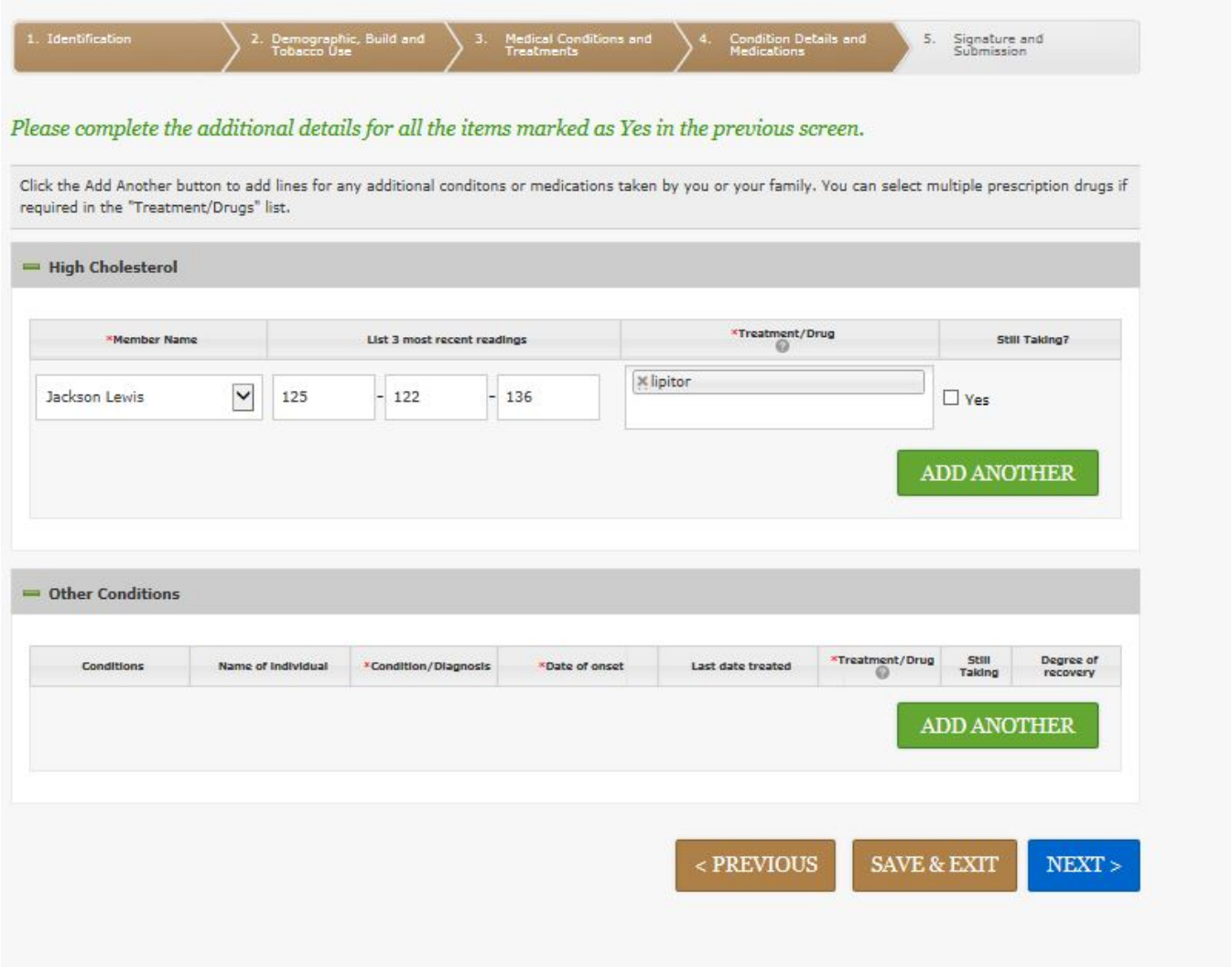
1.	Treatment (medical treatment or diagnostic testing)	○ Yes ○ No
2.	Hospitalization	○ Yes ○ No
3.	Surgery	○ Yes ○ No

In the past 5 years, has anyone enrolling had symptoms of any serious medical condition not yet indicated on this form?	○ Yes ○ No
Is anyone pregnant?	○ Yes ◉ No
Is anyone currently taking prescription medication(s) for any conditions not already indicated above?	○ Yes ○ No

< PREVIOUS | SAVE & EXIT | NEXT >

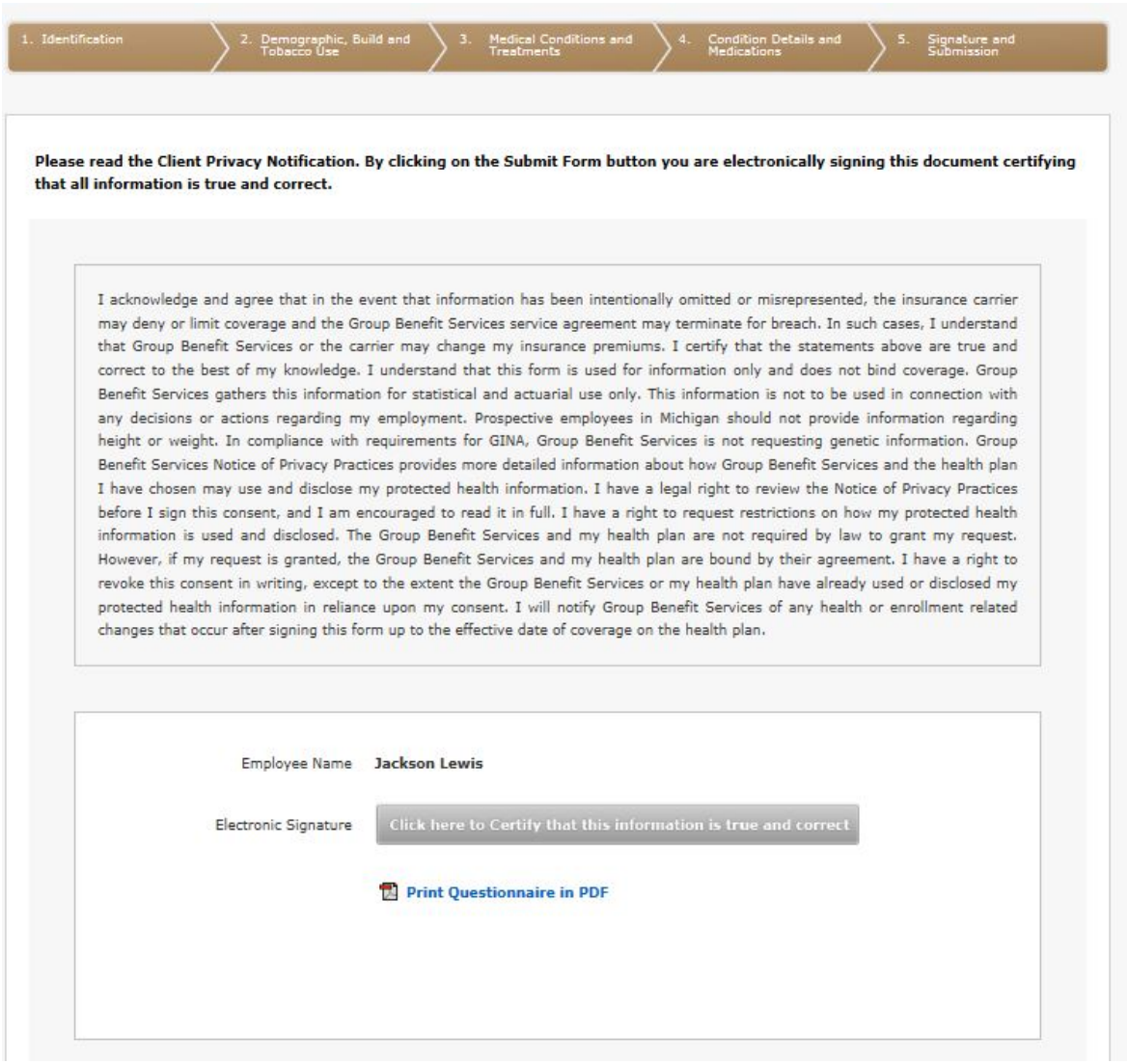
Additional Details

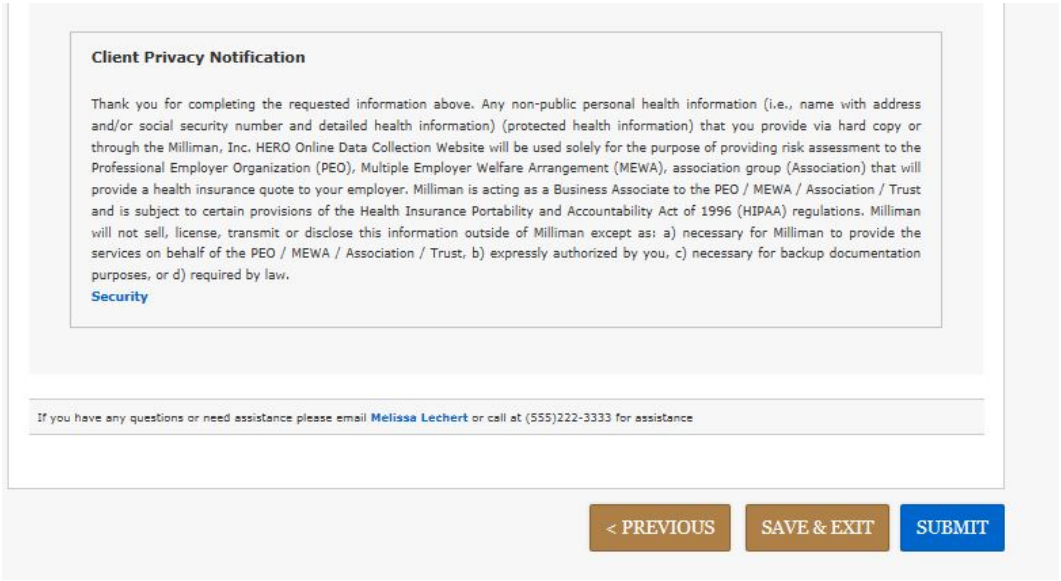
If you selected “YES” to any of the medical questions or serious illness questions, you are required to complete the additional details below. If you enter a prescription and it is not in the drop down box, simply type the name of the prescription and follow it with a comma. (Ex. Lipitor,)



After you have entered all additional information and click on “Next”, you will be taken to the E-Signature and Submit page.
Please read these carefully! Once you click on “Submit” you CANNOT log back in and change your answers.

E-Signature and Submit





Complete!

After you click “Submit” the next screen is a “Thank You” for completing your PHQ online.