

EMPLOYER FORM



Name of Business _____ Phone # _____
Type of Business _____ Years in Business _____
Annual Employee Turnover Rate _____

1. Describe current group medical coverage:

Current Carrier: _____
Type of Plan: HMO/POS/PPO _____
Benefits: Copay - Office Visit _____ ER _____ RX _____
Deductible, Co-insurance, Lifetime Max _____

2. Eligibility / Participation for Medical Coverage

Number of full time & part time employees at all locations: _____
Number of employees eligible for healthcare benefits: _____
Number of employees eligible for healthcare benefits that take coverage: _____
Number of employees eligible for healthcare benefits that waive coverage: _____

3. Answer the following questions to the best of your knowledge for the persons to be insured (properties, partners, employees, spouses and dependent children). Give details on the back of this form to any questions answered "YES".

- A. Has anyone been treated for a serious illness, been hospitalized or had surgery in the past twelve months? _____ YES _____ NO
- B. Is anyone apt to have a continuing claim from an existing mental or physical disorder? _____ YES _____ NO
- C. Has anyone been advised to have surgery in the last six months or anticipates hospitalization for any other reason? _____ YES _____ NO
- D. Are there any spouses or dependents who are incapacitated in a hospital or treatment facility? _____ YES _____ NO
- E. Are there any employees who are not actively at work performing his or her duties full time due to illness or injury? _____ YES _____ NO

The Prospect Applicant hereby certifies that the above information is complete and true to the best of his or her knowledge.

Employer's Signature _____ Date _____

Title _____

GHP A/E Signature _____ Date _____

Broker Signature _____ Date _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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