GEISINGER HEALTH PLAN®

SMALL BUSINESS EMPLOYER APPLICATION

(2 to 15 eligible employees)

Organization Name:			HMO/POS Plan Options (Circle one) A B C D E F G H		Effective Date:
Address:			Solutions Plan Options (if applicable) I J K L M N O P Q R		
City:	State:	Zip:	Riders Selected:		
Contact Person:	Title:		Dependent Age: 19/23	SIC Code:	Current Healthcare Carrier:
Phone:	Fax:		Required FT Eligible Employee Hours:		Required PT Eligible Employee Hours:
Business Type (choose one): ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Corporate Branch ☐ Other _____					
Business Description:			Waiting period for new hire before eligible:		
Employer Premium Contribution:	No. of Years in Business:		No. Full time employees eligible:	No. Employees waiving:	
*COVERAGE TYPES: E = Employee E/S = Employee/Spouse E/C = Employee/Child E/R = Employee/Children F = Family					

List All Employee Names:	*Gender Male (M) Female (F)*	*Date of Birth*	*Date of Hire*	**Coverage Type*	*Check if Waiving Coverage*	*Check if Employee not Eligible*

My signature below verifies that the information contained on this application for group coverage is accurate and true to the best of my knowledge. I attest that the individuals listed above are active employees of the organization that work at least 20 hours per week. I understand that Geisinger Health Plan has the right to perform annual renewal reviews of applicable tax form verifiers and/or payroll records in order to confirm employment of the individuals enrolled. I understand that coverage must be exclusive with Geisinger Health Plan and that the employer contribution rate must be at least 50% of all tiers or 75% of the employee rate to all tiers. I also understand that pending review of applications by Geisinger Health Plan underwriting, individual group rates to vary based upon age/gender factors and industry indexes. 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. Geisinger Health Plan will investigate information provided and take action against those involved with insurance fraud. The penalties include, but are not limited to, retroactive and/or immediate termination of group coverage, as well as criminal or civil action.

Signature: _____ Date: _____

Name (please print): _____ Title: _____