

INSTRUCTIONS FOR COMPLETING APPLICATION FOR GROUP BENEFITS

Complete the form in its entirety (except shaded areas). Some fields list "Other" as an option. If you check this option, please indicate what "Other" means in the space provided or in the Comments box in the lower left-hand corner of the form. If the information requested in a particular field is not applicable, please print "N/A" in the field.

Sample choices for **Coverage Terminates** if "Other" is checked:

- Last day of the month or approved lay-off/leave -- coverage is active up to 180 days
- Last day of pay period as specified by employer
- Determined by employer (please specify)

Sample choices for **Reinstate Coverage** if "Other" is checked:

- First day of current month
- Salaried employees eligible first of month following month hired
- Bargaining employees eligible first of month following 90 work days from hire
- Effective following one year of service
- Determined by employer (please specify)

For the Employee Information fields:

- Enter the name of each product purchased (DirectBlue, Vision, RX, etc.) and the corresponding Option selected (High, Standard, Basic, Non-Standard, etc.) Note: the Options for Signature 65 are No RX, MM RX (group size = 2-50) or Other (group size = 51 or more). If Other is selected, please indicate what the Option is in the Comments box in the lower left hand corner.
- Indicate the % (or monetary amount) in the % **PAID BY GROUP** for both Employees and Dependents for each Product.
- Enter the number of Eligible and Enrolled employees in the ACTIVE columns.
- Enter the number of Enrolled Under 65 and Enrolled Over 65 members in the RETIRED columns
- For the COBRA, MEDICARE DISABLED, and OTHER columns, enter separate numbers of Enrolled for Employee and Spouse/Dependent in those columns.

Always Complete the Signature 65 (Medicare Secondary Payer) Questionnaire when enrolling members in Signature 65.

NOTE: Individuals must be enrolled in both Medicare Part A and Medicare Part B to be enrolled in Signature 65.

The final, required fields on the form are the Signature Box and the INSURANCE PRODUCER INFORMATION Box. Be sure that the name of the Policymaker in the Signature Box is the same as the Policymaker Name listed at the top of the form.