



New Group Application

GROUP INFORMATION:

Group Name: _____ Effective Date: _____
 Physical Address: _____ County: _____
 City: _____ State: _____ Zip: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Tax ID Number _____ Type of Business: _____
 SIC Code: _____ Years in Business: _____ Email: _____

CONTACT INFORMATION:

Decision Maker (Signs Contract)	Billing / Administrative Contact
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

BROKER INFORMATION:

Broker Name: _____ SS# or TIN _____
 Agency: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Make Commission Check Payable To: _____

Current Carrier: _____
 Current Rates: E _____ ES _____ EC _____ EF _____ Renewal Rates: E _____ ES _____ EC _____ EF _____
 Percentage/Dollar amount employer will contribute to cost: Employee: _____ Dependents: _____
 Is Coventry sole carrier for this group? Yes No Other Carrier: _____

GROUP DEFINITIONS	COLUMN 1 ALL GROUPS MUST COMPLETE THIS COLUMN	COLUMN 2 Only Groups rated with 2 separate Classes of employees must complete this column
Waiting Period:	<input type="checkbox"/> 0 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days	<input type="checkbox"/> 0 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days
Waiting period waived during initial open enrollment for new hires.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Effective Information	<input type="checkbox"/> Date of Hire <input type="checkbox"/> 1 st day of calendar month following employment <input type="checkbox"/> 1 st day following waiting period <input type="checkbox"/> 1 st day of calendar month following waiting period	<input type="checkbox"/> Date of Hire <input type="checkbox"/> 1 st day of calendar month following employment <input type="checkbox"/> 1 st day following waiting period <input type="checkbox"/> 1 st day of calendar month following waiting period
Date Coverage Ends:	<input type="checkbox"/> Date of Termination <input type="checkbox"/> Last day of calendar month following termination	<input type="checkbox"/> Date of Termination <input type="checkbox"/> Last day of calendar month following termination
Retiree Coverage: only available to groups with 51+ eligible employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Definition of Class I & II for Large Groups Only (insert type, ex. hourly)	Class I: _____	Class II: _____

ELIGIBILITY INFORMATION:

Total Eligible Employees: _____ Total Active Employees: _____ Retirees <65: _____ Retirees 65+: _____
 Total Enrolled Subscribers: _____ COBRA: _____ Waivers: _____

BENEFIT PLANS SELECTED:

IN-AREA	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4
Base Plan:				
Pharmacy:				
Vision:				
# Enrolled in plan:				
OUT-OF-AREA	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4
Base Plan:				
Pharmacy:				
Vision:				
# Enrolled in plan:				

DENTAL SECTION

Dental Plan Name:		Dental Plan Code:	
Rates:	EE: _____ EE+Spouse: _____ EE+Child(ren): _____ Family: _____		
Dental Plan Name:		Dental Plan Code:	
Rates:	EE: _____ EE+Spouse: _____ EE+Child(ren): _____ Family: _____		
Prior Dental Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Contribution:	

For all eligible employees, the employer agrees to contribute an amount equal to at least 50% of the employee premium. For contribution amounts less than 50%, the rates will be adjusted to reflect voluntary levels if applicable.

EMPLOYEE LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

For Groups with 50 or Fewer Eligible Employees

Life insurance products are underwritten by Coventry Health and Life Insurance Company. Life insurance products are underwritten by Coventry Health and Life Insurance Company. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minimum of \$10,000 is required.

Step One: Check **one** uniform employee flat-dollar coverage amount from the options available to your group size. All options include employee Accidental Death and Dismemberment coverage, as defined by the Policy.
Employer Contribution: _____
 Available to groups with 50 or fewer eligible employees:
q \$10,000 **q** \$15,000 **q** \$20,000 **q** \$25,000
 Additional options available to groups with 10 to 50 eligible employees: **q** \$30,000

Step Two: Coventry Health & Life also offers dependent coverage as an option. The coverage is \$5,000 spouse, \$2,000 per eligible child. (Check "Yes" if you choose to offer dependent life coverage.) **q** Yes **q** No

For Groups with 51 or More Eligible Employees

Life insurance products are underwritten by Coventry Health and Life Insurance Company. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Step One: *Define Employee Classifications*
 Amounts of basic group life insurance should be a uniform percentage of salary or flat amount for each employee. You can select group life insurance based upon employee classifications. If you would like to separate your employee population into classes, please do so here and indicate the benefits each class is to receive by inserting the class number as requested next to the benefit selections in Steps Two through Six below. *Note: The classifications must not exceed 2.5 times between each class or 10 times between the lowest and highest class; no more than 3 classes may be used.*

Class #	Definition
1:	_____
2:	_____
3:	_____

Step Two: By employee class, choose the method determining the basic group term life insurance amount, either Salary Multiple (1x, 1.5x or 2x) or Flat Dollar Amount:

Class ___ Flat \$ _____ Multiplier _____ Employer Contribution _____
Class ___ Flat \$ _____ Multiplier _____ Employer Contribution _____
Class ___ Flat \$ _____ Multiplier _____ Employer Contribution _____

Step Three: Accidental Death & Dismemberment: Employee (Choose "Yes" if electing to offer Employee Accidental Death & Dismemberment coverage)

Yes Class #s _____ No

Step Four: Dependent Life (Choose "Yes" if electing to offer dependent life coverage)

Yes Class #s _____ No

If you choose to offer Dependent Life, which option would you like to offer?

Fixed coverage: \$5,000 Spouse/\$2,000 Child Class #s _____

Fixed coverage: \$10,000 Spouse/\$5,000 Child Class #s _____

Variable Spouse with Fixed Child: Class #s _____

- Spouse coverage amount selected by employee in \$10,000 increments up to 50% of employee coverage
- \$2,000 Child

Variable Spouse with Fixed Child: Class #s _____

- Spouse coverage amount selected by employee in \$10,000 increments up to 50% of employee coverage
- \$5,000 Child

Step Five: Accidental Death & Dismemberment: Dependent (Choose "Yes" if electing to offer Dependent Accidental Death & Dismemberment coverage)

Yes Class #s _____ No

Step Six: Employee Supplemental Life (Choose "Yes" if electing to offer Employee Supplemental Life coverage)

Yes Class #s _____ No

If you choose to offer Employee Supplemental Life coverage, your choice for multiple of salary vs. fixed dollar basic employee life coverage in Step One above will also apply in this category. For example, if you elected fixed coverage, employees will be able to choose supplemental life coverage in \$10,000 increments up to plan maximum. If you elected multiple of salary, employees will be able to choose supplemental life coverage as 1x, 1.5x or 2x salary, up to plan maximum.

Step Seven: Custom Coverage is only available for groups with more than 250 eligible employees. If you are electing custom coverage, please indicate below.

Guaranteed Issue Amounts: Amounts in excess of the guaranteed issue are subject to evidence of insurability. Guaranteed issue amount for groups with 51 eligible employees or greater is \$150,000. Note: The face amounts of all coverages under the Policy are subject to the following age reduction schedule:

<u>Age</u>	<u>Coverage Reduction</u>
65 to 70	65%
70 to 75	40%
75 to 80	25%
80 and over	20%

Employer Signature: _____ Broker Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____