



AllianceSM - Small Group Application Coversheet

GHI Group No.:	Mktng. Rep:
Group Name	
Address	
Telephone	Fax
Group Contact	
Desired Effective Date	Effective Date Changed Since Original Application? Yes <input type="checkbox"/> No <input type="checkbox"/>

Master Agency:	MA No.	Override:
<u>General Agency</u> <input type="checkbox"/> To Be Credentialed	<u>Selling Agent</u> <input type="checkbox"/> To Be Credentialed	
GA No.: _____ Override: _____ %	SA No.: _____ Commission: _____ %	
Agent Name _____	Agent Name _____	
Contact _____	Contact _____	
Address _____	Address _____	
Telephone _____	Telephone _____	
Fax _____	Fax _____	

Split Commission?

SA No.: _____ Commission: _____ %
Name _____
Agency Name _____
Address _____
Telephone _____
Fax _____

SA No.: _____ Commission: _____ %
Name _____
Agency Name _____
Address _____
Telephone _____
Fax _____

- A. Number of Eligible Employees _____
- B. Required Minimum Participation _____
- C. Number Applying _____
- D. Balance (B-C) * _____
- E. Exclusion Class _____

* Balance must be covered by an HMO as an employee or employee member, spouse or eligible dependent by the health benefit plan of a different group. Proof of such coverage must be provided at the time of application.

Deposit Check Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$ _____
Terminated for Non-payment in the last 12 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Proof of Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Last Paid Premium Invoice from Current Carrier	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current Group Policy Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
COBRA Letter of Election	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Proof of Medicare Eligibility, Part A and B	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Signatures: Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Transaction Form			
Subscriber	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Group Authorization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

GA Authorized Signature _____

Date _____