

To enroll in a Presbyterian plan:

- 1) Complete the following information and fax to **505-923-8225**.
- 2) We will provide you with all necessary materials to enroll your group.
- 3) For New Group Submission Deadlines and more detailed information regarding Sold Case Paperwork, please refer to the Field Underwriting Guidelines at www.phs.org, Click on Brokers & Agents, Forms and Documents.

Select Type of Plan			
<input type="checkbox"/> Commercial Group Only	<input type="checkbox"/> SCI Group Only	<input type="checkbox"/> Both Commercial and SCI Group	
Group Information			
Company Tax ID#:		Requested Effective Date:	
Exact Legal Name of Company:			Phone #:
Company Physical Address:		City/State:	Zip:
Company Contact Name:		Title:	
Phone #:	Fax #:	Email Address:	
Billing Contact Name:			Phone #:
Billing Address:		City/State:	Zip:
Is this company affiliated with any other companies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, affiliated company name: _____			
What is your company type: <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other, give type: _____			
What is affiliated company type: <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other, give type: _____			
Eligibility Provisions			
<ul style="list-style-type: none"> • Does employer wish to waive the waiting period for initial enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No • New hired employee coverage commences the first of the month following _____ days from date of hire. • Full-time employees scheduled to work _____ hours per week. 			
COBRA Eligibility Information			
1) Do you administer your own COBRA <input type="checkbox"/>		5) Should individual policy information be sent on cancellation notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Use other administrator <input type="checkbox"/>		6) In what format do you want to receive COBRA information? <input type="checkbox"/> PGP <input type="checkbox"/> Zip	
3) Want to use Pres COBRA <input type="checkbox"/>		7) List # of current COBRA participants? _____	
4) Do you want former EE's to make COBRA elections on-line? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does group have Medical (FSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is group offering an HSA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Group Census Information			
Indicate Employer Contribution: Single Employee _____ % or \$ _____ Dependent _____ % or \$ _____			
Medical Plan Selected:		Riders Selected: (Indicate Riders Rx, Vision, Dental)	Add Discount Card Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Employees (EE's):	# Part Time/Seasonal EE's:	# EE's in Waiting Period:	# Eligible EE's (includes ee's waiving coverage)
# EE's Waiving w/o other coverage	# EE's Waiving w/other coverage:	Total Enrolling EE's:	# Out-of-area EE's:
Total EE's are ALL employees of the employer. Total EE's minus Part-time EE's and EE's in waiting period = # Eligible EE's Eligible EE's minus EE's waiving with or without other coverage = Total Enrolling EE's			
Broker Information			
Broker Name		Phone #:	Fax #:
Commercial Underwriting Guidelines		State Coverage Insurance (SCI) Guidelines	
<ul style="list-style-type: none"> • 2 – 9: 100% of eligible employees less valid waivers • 10+: 75% of eligible employees less those waiving for other coverage (except individual) • Minimum group size: 2 separate employee contracts • Minimum hours worked for eligible employees: 20 hours • Class carve-outs minimum 4 separate employee contracts 		<ul style="list-style-type: none"> • 1 – 9: 75% of all eligible SCI employees must enroll • 10+: 50% of all eligible SCI employees must enroll • Any SCI eligible employee who is not enrolling must complete and sign a Presbyterian waiver (Employee Action Form) • Minimum hours worked for eligible employees: 20 hours 	

Presbyterian serves to improve the health of individuals, families and communities