

Group Information

I. EMPLOYER INFORMATION

Use this form to provide us with your basic group information and include all applicable Plan Applications as outlined in the product box at the bottom of this form.

Employer (Group) Name / Include DBA:		Effective Date:	
Street Address:	City:	State:	Zip:
Billing Address:	City:	State:	Zip:
Group Principal/Owner: <i>(This is the person who will be listed as the principal in all legal plan documentation)</i>		Group Principal Title:	
SIC Code:		Nature of Business:	
<i>(The Group Contact is the person who will receive material, training, updates and notifications from our office, so it should be the benefit administrator. This will also be the person authorized to speak to E.D.I.S. staff regarding members in this group)</i>		Group Contact:	
Group Contact Title:		Email Address:	
Phone:	FAX:	Tax ID #:	

II. BROKER INFORMATION

Broker Name:	Agency Name:
The broker of record should complete the (A1) E.D.I.S. Agent Authorization Form and include it when submitting this group application to E.D.I.S.	

III. PLAN INFORMATION

Domestic Partner Coverage: ☐ Yes ☐ No	Future Employee Waiting Period: ☐ 30 days ☐ 60 days ☐ 90 Days ☐ 1 st of the month following 30 days ☐ 1 st of the month following 60 days	
Rehire Waiting Period _____ Months	Leave of Absence: _____ Months	
Do you offer coverage to part time employees? ☐ Yes ☐ No		Prior Carrier:
☐ Enroll my group in telemedicine for \$4 per employee for those enrolled in medical, or \$10 for those <u>not</u> enrolled in medical. (Note: if selected, all employees will be enrolled in the program.)		
I WOULD LIKE EMPLOYER DRIVEN INSURANCE SERVICES TO ADMINISTER THE FOLLOWING PRODUCTS:		
☐ Medical EDHP Plans [Complete EDHP Employer Application Form] ☐ Medical HRA/MERP plan [Complete HRA/MERP Benefit Authorization B1] ☐ Medical HRA / MERP with Debit Card Plan [Complete Debit Card Setup/Benefit Authorization C1-C2 & Bancorp Packet] ☐ Medical QSEHRA or ICHRA Plan [Complete QSEHRA/ICHRA Benefit Authorization D1] ☐ Dental – DHMO Plans powered by Western Dental [Complete Group Subscriber Agreement]	☐ Dental – Freedom Fully Insured Plans [Complete Freedom Application E1-E2] ☐ Dental – Self Funded Plans [Complete Self-Funded Application F1-F3] ☐ Vision – Self Funded Plans [Complete Self-Funded Application F1-F3] ☐ Vision – VSP Plans [Complete Application for Vision Care Plan] ☐ Life – Group Term [Complete FSL Company Application for Group Insurance] ☐ Section 125 - FSA [Complete Section 125 Setup G1& Bancorp Authorization] ☐ COBRA [Complete COBRA Setup Forms H1-H4] ☐ Compliance Services [Complete Compliance Services Application I1-I2]	