

Group Master Application *



Internal use only

Group Number _____

Rates _____

Broker Name / Email Address: _____

Commission Level Rate: _____

GA Brokerage (if applicable): _____

Requested Effective Date _____	Requested Renewal Date _____
--------------------------------	------------------------------

Large Group	Small Group	Dental Plan	Imperial Valley
5/5/250	5/15/250		
7/10/250	10/15/250		
	10/20/250		

NOTE: Your prior coverage should NOT be cancelled until you have been notified that your application for group insurance has been accepted. No agent can bind coverage, set an effective date, or waiver or alter any provision of this application. Insurance is not in effect until the date established by SIMNSA.

Exact Legal Name of Company			Federal Tax ID #
Street Address			Nature of Business
City	State	Zip Code	Group Administrator
Mailing Billing Address (if different from above)			Address of Administrator (if applicable)

Prior Carrier Name :	Group Contact Person :
Number of hours required per week to be eligible for benefits: _____	Phone # _____
	Fax # _____
	E-Mail _____
	Coverage for domestic partners (Subject to SIMNSA's affidavit requiring proof of 5 years.)
	_____ Yes
	_____ No

Employer Contribution-Medical:

There is a required minimum employer contribution of the greater of the two scenarios: either 50% of the SIMNSA single rate, OR a required equal DOLLAR amount that the employer contributes to the least expensive non-SIMNSA Plan offering, not to exceed 100% of the SIMNSA single premium. Please indicate below what your contribution will be for this plan:

Employer Contributes _____ of Employee's Premium.
 Employer Contributes _____ of Dependent(s) Premium.

Length of Waiting Period for New Employees/Rehires:
 30days 60days

E-Bill Email address _____

The Plan offering is not considered final until a signed Employer Group Application is received verifying the above conditions of offering. SIMNSA reserves the right to rescind the contract, or re-rate the inforce rates at any time if the above conditions are determined to be untrue.

Employer

Broker

Plan Representative

Chidi Suggett

* Final group contract will be drafted and will require additional signatures prior to effective date of coverage