



GROUP INFORMATION REQUEST

Group Name: _____ Effective Date: _____

Physical Address: _____ County: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Industry / Nature Of Business: _____ SIC Code: _____ Years in Business: _____

EIN: _____

Contact Information:

Decision Maker (Signs Contract)

Billing / Administrative Contact

Check One: Mr Ms

Check One: Mr Ms

Name: _____ Name: _____

Title: _____ Title: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Broker Information:

Broker Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Make Commission Check Payable To: _____

For WellPath Use Only:

AE: _____ AM: _____ Date: _____

Group #s: _____ HMO #: _____ POS #: _____ PPO #: _____

Commissions: Standard: _____ Other: _____ RBG BN

- New Group NC Small Group
- Renewing Group NC Large Group

Group Definitions:	Column 1	Column 2 *
	ALL GROUPS MUST COMPLETE THIS COLUMN	Only Large 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"/> 0 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days
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 (Applies to 0, 30, and 60 day waiting period only)	<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 (Applies to 0, 30, and 60 day waiting period only)
Date Coverage Ends:	<input type="checkbox"/> Date of Termination <input type="checkbox"/> Last day of calendar month following termination-Available only to Large Groups (51+)	<input type="checkbox"/> Date of Termination <input type="checkbox"/> Last day of calendar month following termination
Retiree Coverage: Available to 51+ only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Definition of Class I & Class II for Large Groups Only (insert type, such as hourly)	Class I: _____	Class II: _____

**** Per NC law, Small Employer Groups may not have classes of employees**

Eligibility Information:

Total Eligible Employees: _____ Total Active Employees: _____ Retirees <65: _____
 Total Enrolled Subscribers: _____ COBRA: _____ Retirees 65+: _____
 Total Enrolled Members: _____ Waivers: _____
 Percentage/Dollar amount employer will contribute to cost: Employee: _____ Dependents: _____
 Is WellPath sole carrier for this group? Yes No Other Carrier: _____

Benefit Information:

	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4
Base Plan:				
Pharmacy:				
Mental Health:				
Vision:				
Chiropractic:				
Relaxed Authorization & NO PPI				
# Enrolled in plan:				

Out of Area PPO: PPO Plan: _____ RX Rider: _____ Other: _____
 # Enrolled in PPO: _____ Network: PHCS

Employer Signature: _____ **Broker Signature:** _____
Print Name: _____ **Print Name:** _____
Date: _____ **Date:** _____

Comments: _____