

Group Master Application *

Group Number <small>(internal use only)</small>	Requested Effective Date	Requested Renewal Date

Large Group ☐ Small Group ☐ Dental Plan ☐ Rates (internal use only)

5/5/250 ☐ 5/15/250 ☐

7/10/250 ☐ 10/15/250 ☐

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 : Number of hours required per week to be eligible for benefits: <input type="text"/>	Group Contact Person : Phone # <input type="text"/> Fax # <input type="text"/> E-Mail <input type="text"/> Coverage for domestic partners (Subject to SIMNSA's affidavit requiring proof of 5 years.) <input type="checkbox"/> Yes <input type="checkbox"/> 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

Chad Suggett

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