

Dear Broker,

In order for us to consider this group for late enrollment, both you and your customer will need to sign this letter of understanding.

Complete group eligibility and enrollment documentation must be submitted. This letter and/or group submission do not guarantee approval, but rather consideration for the selected effective date.

Please note the following potential liabilities of a late enrollment:

- Customer is responsible for the full month's premium – no proration or refunds
- Effective date of coverage will not be changed to a future date

Potential impacts to members:

- Members will not have member ID cards, nor be active in systems, including medical facilities, until enrollment is complete and processed, which could take 7-10 business days beyond complete submission.
- Members may be billed or asked to pay at point of service.

Thank you.

Business Name: _____

Selected Effective Date: _____

Authorized Group Signer Name: _____

Authorized Group Signer Signature: _____

Date: _____

Broker Name: _____

Broker Signature: _____

Date: _____