

- 1) Is the Plan Sponsor a member of a "controlled group of corporations" as defined by U.S. Internal Revenue Code Section 414(b)? YES NO
 If YES, attach a list with the legal names of all other business entities within the control group and the number of employees employed by each.
- 2) Has the Plan Sponsor (or any affiliated entity) filed for protection or operated under federal/state bankruptcy laws (Chapter 7 or Chapter 11) within the last 36 months? YES NO
- 3) Has any creditor filed, or threatened to file, a petition requesting the Plan Sponsor (or any affiliated entity) be placed involuntarily into bankruptcy within the last 36 months? YES NO

IMPORTANT! Product Selection & Sold Rate Form must accompany the **Group Application for Coverage** form.

Section I. Group Information				
Group/Plan Sponsor Name		Effective Date (MM/DD/YYYY)		Administrative Contact Name
Administrative Email Address	Phone No.	Ext. No.	Cell No.	Fax No.
Executive Contact Name			Email Address	
Phone No.	Ext. No.	Cell No.	Fax No.	
Mailing Address		City		State Zip Code
Business Address		City	County	State Zip Code
Federal Tax ID	SIC Code	Nature of Business		
Is this a multi-location group? If YES, attach list with mailing address of each location. <input type="checkbox"/> YES <input type="checkbox"/> NO				
Section II. Billing Information				
Bank Draft. If YES, attach Authorization Agreement for Automatic Payments form. <input type="checkbox"/> YES <input type="checkbox"/> NO				
If this a multi-location group, is the bill to be separated by location(s)? If YES, submit list of employees categorized by location(s). <input type="checkbox"/> YES <input type="checkbox"/> NO				
Section III. Broker Information				
Agency Name	Broker Name		Broker Email Address	
Broker Phone No.	Broker Cell No.		Broker Fax No.	
Broker Administrator Name	Broker Administrator Cell No.		Broker Administrator Email Address	
Mailing Address		City		State Zip Code
Section IV. Authorized Signatures				
<p>On behalf of the Group/Plan Sponsor, the undersigned attests that the information entered on this Group Application for Coverage is correct and complete. The undersigned agrees submission of a Group Application for Coverage containing a false statement, material misrepresentation, or omission constitutes insurance fraud and may result in termination of coverage. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. On behalf of the Group/Plan Sponsor, the undersigned understands that coverage will not be effective prior to written approval from QualChoice and current coverage should not be cancelled prior to such approval. In making this application, the Group/Plan Sponsor agrees to the terms of the Group Master Contract to be provided following QualChoice's decision to provide coverage to the group and further agrees that this Group Application for Coverage will be part of the agreement between the Group/Plan Sponsor and QualChoice.</p> <p>Consistent with the requirements of the Genetic Information Nondiscrimination Act of 2008, QualChoice does not use genetic information for underwriting purposes or any other purpose prohibited by applicable law. The undersigned acknowledges that as part of the application process QualChoice has requested that it not be provided with any plan participant's family medical history or any plan participant's information related to genetic testing, genetic services, genetic counseling, or genetic diseases for which the participant believes he/she may be at risk.</p>				
Print Legal Name	Title	Signature X		Date (MM/DD/YYYY)
Approved by Agent or QualChoice Representative – Print Name	Title	Signature X		Date (MM/DD/YYYY)