

Please be as careful as possible in completing this form. Incomplete data will reduce rating accuracy and delay rate finalization.  
 Participation requirements: At least 75% of all eligible employees (excluding valid waivers) and 25% of all full time employees must enroll.  
 Only full time employees are eligible.

Section I: Group Information				
Group Name		Contact Name		
Contact Email		Federal Tax ID		
Employer Mailing Address		City	State	Zip Code
Type of Business	Years in Business	SIC Code	Requested effective date for coverage	No. of FTEs
Amount of employer contribution. Employer required to contribute a minimum of 50% towards the employee premium. Employee _____%      Dependent _____%				
Do you currently have group coverage? <input type="checkbox"/> <b>Yes</b> <i>If yes, complete Section II</i> <input type="checkbox"/> <b>No</b> <i>If no, skip to Section III</i>				

Section II: Current Benefit Information <i>Complete only if you currently have group coverage</i>					
Name of Current Carrier				How long has employer been with this carrier?	
<b>Current benefits</b>	Deductible \$ _____	Co-payment \$ _____	Coinsurance \$ _____	Out of Pocket \$ _____	Rx \$ _____
Current Rates (total monthly premium)			Renewal Rates (total monthly premium)		

Section III: Employee Census Data – Sample <i>Complete Attachment 1 on the next page following the sample below.</i>								
<b>Coverage Desired:</b> <b>EO</b> =employee only <b>ES</b> =employee+spouse <b>EC</b> =employee+child(dren) (indicate # of children) <b>EF</b> =employee+family <b>W</b> =waiving coverage <b>See sample below:</b> Employee #1 coverage is " <b>EF</b> " = employee+family. The next 4 rows list Employee #1 information: self, spouse, and two children. Employee #2 coverage is " <b>ES</b> " = employee+spouse. The next 2 rows list Employee #2 information: self and spouse.								
Employee	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Coverage Desired					Home ZIP Code
			EO	ES	EC	EF	W	
Employee 1-Self	M	12/12/1965				X		72223
Employee 1-Spouse	F	02/02/1965				X		72223
Employee 1-Child	M	01/01/1990				X		72223
Employee 1-Child	F	02/02/1992				X		72223
Employee 2-Self	F	11/11/1985		X				72211
Employee 2-Spouse	M	10/10/1987		X				72211

Section IV: Instructions
Fax or email completed form + Employee Census Data to:  <b>QualChoice</b> Email: <a href="mailto:qca_salesintake@qualchoice.com">qca_salesintake@qualchoice.com</a> Fax: <b>501.219.5121</b>

