



## New Large Employer Group Application Forms (Groups with 51+ total employees on payroll)

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Please return this form to GHC-SCW with the information requested below for enrollment:**

- Application for Group Service Agreement (GSA)
- One to two years claims experience if applicable (typically provided at time of initial quote)
- Group Employee Application- For all eligible employees applying and waiving.
- Wage and Tax Statement (UC101)
- Copy of **current** group health plan billing statement  
**Or** not applicable does not have prior group health plan coverage
- Premium check for first month coverage \$ \_\_\_\_\_
- Requested effective Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_