



New Small Employer Group Enrollment Application

(Groups with 2-50 total employees)

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)
- Disclosure of Rating Factors and Renewability Provisions
- 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 ____/____/____