



**GROUP CONTRACT APPLICATION**

The Employer hereby named makes application to Health Plan Select (Athens Area Health Plan Select Inc. of Georgia) for a Group Contract to be issued in accordance with the specifications of this application:

<b>EMPLOYER NAME:</b>		
<b>PHYSICAL ADDRESS:</b>		
<b>BILLING ADDRESS:</b> (if different)		
<b>COUNTY:</b>	<b>LOCAL PHONE:</b>	<b>LOCAL FAX:</b>
<b>GROUP ADMINISTRATOR:</b>		
<b>EMAIL:</b>		
<b>FEDERAL TAX ID:</b>	<b>AGENT:</b>	<b>AGENT PHONE:</b>
<b>CEO NAME:</b>		
<b>LEGAL STATUS:</b> <input type="checkbox"/> CORPORATION <input type="checkbox"/> S-CORP <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER:		
<b>NATURE/TYPE OF INDUSTRY:</b>		
<b>TOTAL ELIGIBLE EMPLOYEES:</b>	<b># COVERED:</b>	<b># WAIVING:</b>
<b>MINIMUM HOURS PER WEEK:</b>	<b>SECTION 125:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>CURRENT COBRA PARTICIPANTS:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (ATTACH A LIST WITH EXPIRATION DATES)		
<b>HPS COBRA IS ADMINISTERED BY ADP:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>NEWLY HIRED EMPLOYEE WAITING PERIOD:</b> <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 60 DAYS <input type="checkbox"/> 90 DAYS <input type="checkbox"/> OTHER:		
<i>COVERAGE BECOMES EFFECTIVE THE 1<sup>ST</sup> DAY OF THE MONTH FOLLOWING THE WAITING PERIOD UNLESS OTHERWISE AGREED UPON BY THE POLICYHOLDER AND ATHENS AREA HEALTH PLAN SELECT.</i>		
<b>EFFECTIVE DATE:</b> THE GROUP CONTRACT WILL BE DELIVERED IN AND GOVERNED BY THE LAWS OF THE STATE OF GEORGIA AND SHALL TAKE EFFECT ON _____, 20____ BUT ONLY IF THIS APPLICATION IS ACCEPTED AND SIGNED BY HEALTH PLANS SELECT/ATHENS AREA HEALTH PLAN SELECT INC.		
<b>ANNUAL RENEWAL DATE:</b> _____		
<b>Plan Choices:</b>		
<b>HMO</b> _____	<b>POS</b> _____	<b>PPO</b> _____ <b>Deductible</b> _____ <b>Rx option</b> _____
<b>Dental Plan Choice: (Please circle one)</b>		
<b>Voluntary:</b> Low Medium Standard High		<b>Contributory:</b> Low Medium Standard High High with Ortho
<b>X</b>	<b>X</b>	

AGENT OF RECORD

DATE:

OFFICER OF APPLICANT COMPANY

DATE: