

Product and Benefit Selection Form



1a. Group Name _____
1b. Identify primary business location _____
1c. List all other locations besides primary business location _____

2. Medical Plan Code(s) _____
2b. Will this plan co-exist with another health plan?
 Yes No If yes, name of carrier _____
2c. Prescription Benefit Plan Number (Rx) _____
2d. Deductible Administration
 Calendar Year (from Jan. 1 to Dec. 31)
 Policy/Contract Year (from effective date to renewal date) [(Not applicable to NHP)]

I acknowledge that the health plan selected includes coverage for substance abuse and mental health that is equal to or exceeds coverage as required by Florida Statutes 627.669 and 627.668.

3. Dental Plan Code(s) _____
3b. Has this group been covered for major dental services for the previous 12 consecutive months?
 Yes No If yes, name of carrier _____

4. Vision Plan Code(s)

5. Life Amount(s)
Employee \$ _____
Spouse \$ _____
Child(ren) \$ _____
 Yes No Acceptance of this application will replace existing life insurance coverage.

6. Supplemental Coverage(s)
Life \$ _____
AD&D \$ _____
STD \$ _____
LTD \$ _____

7. Optional Services
COBRA Administration Service
 Yes No
Section 125 Pre-Tax Premium Plan Service
 Yes No Other _____

8. Other Notes

YOUR STATE INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS TO SMALL EMPLOYERS, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Signature

Employer Signature

Title

Date

Coverage Provided by "UnitedHealthcare and Affiliates":

Medical coverage provided by UnitedHealthcare Insurance Company or UnitedHealthcare of Florida, Inc. or Neighborhood Health Partnership, Inc.

Dental coverage provided by UnitedHealthcare Insurance Company or UnitedHealthcare of Florida, Inc. or Neighborhood Health Partnership, Inc.

Life, Short -Term Disability (STD), Long-Term Disability Insurance coverage provided by UnitedHealthcare Insurance Company

Life Insurance coverage provided by UnitedHealthcare Insurance Company

Vision coverage provided by UnitedHealthcare Insurance Company