

RENEWAL WORKSHEET

(2-50 Eligible Employees)

Please Note: Worksheet must be submitted with quote(s) from Empire broker online services to be valid.

Group Number

Sub Division

Sub Division

Renewal Date (MMDDYY)

Group Name

1. GROUP ELIGIBILITY

Note: Eligible persons are defined as employees (on the group's payroll, K1, etc.) whose regular work schedule is at least 20 hours per week under this group contract.

Number of Employees

(a) Number of employees at all locations (include owners and partners, exclude COBRA)*

(b) Number of retirees eligible for coverage

(c) Number of ineligible employees (check reason for ineligibility)

Temporary Union Part-Time

Other

(d) Number of net eligible employees (a + b - c)

Number of enrolling employees (include retirees and COBRA)

Employer contribution to retiree coverage

Have you ever employed more than 20 employees?

Yes No

If yes, please indicate the last year you had 20 or more employees

*Empire requires proof of employment (i.e., NYS-45, payroll, etc.)

See small group underwriting guidelines for more info.

Eligibility Dates (complete both A & B)

A. Initial Enrollment of Group

All employees' and dependents' coverage will be in effect:

On Group Effective Date

After new employee eligibility is satisfied (see B)

All enrollment forms must be received no later than thirty (30) days following the new group effective date.

B. New Employees (after initial enrollment of group)

New employees will be eligible for coverage:

Date of hire

First day following:

day(s) following date of hire

month(s) following date of hire; or

First of the month following:

day(s) following date of hire

month(s) following date of hire

All enrollment forms must be received no later than sixty (60) days following the member's eligibility date.

C. Employee Reinstatement Policy

Employees who are re-hired to the company are eligible for coverage:

Date of hire

Other

Please specify: _____

2. PAYMENT SECTION

Group's Contribution, if any.

% Employee only

% 2-Party

% Employee & Spouse

% Parent & Child(ren)

% Family

If your group has multiple locations, do you wish to receive (fill in one):

Separate invoices for each location.

A summary invoice combining all locations.

If you are requesting quarterly billing, please indicate here; otherwise, group will be billed monthly.

3. FULL REPLACEMENT

Is Empire the sole carrier offered by the group?

Yes No

*Is this group segmented or offering a dual option? If yes, please include a letter of instruction for processing.

4. DOMESTIC PARTNER RIDER SELECTION

Same Sex Only

Same & Opposite Sex

No Selection

5. SIGNATURE OF AUTHORIZED REPRESENTATIVE

Authorized Group Signature

Date (MMDDYY)

Print Last Name

Print First Name

INSURANCE FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.