

APPLICATION FOR BENEFITS OFFERINGS

**Incomplete information
will delay processing
application**

Application is hereby made to Group Health Plan, Inc. (GHP)/Coventry Health and Life Insurance Co. (CHL) by the Applicant named herein for the purpose of making GHP/CHL available to provide access to certain health and other benefits as specified below. GHP's/CHL's issuance of the Group Enrollment Agreement (GEA) shall be based upon the information contained in this application. The GEA, Certificate of Coverage (COC) and Amendments, Enrollment/Change Form, Applicable Riders, Member Handbook, Provider Directory, and Schedule of Benefits will become the definitive agreement relating to the provision of health benefits during the term and any renewal terms of the GEA.

I. COMPANY NAME

Group No.:	Effective Date:	SIC Code:	No. of Total Employees:	No. of Eligible Employees:	No. of Employees Applying for Coverage:
Type of Organization:			Federal Tax ID #:		
Company Name:					
Company Address: Street		City	State	Zip	
Telephone Number: () ()		Fax Number: () ()		E-mail Address:	
Billing Address: Street		City	State	Zip	
Prior/Current Health Insurer Carrier (for deductible credit):					
Dates of Coverage:		Annual Deductible:		Administered Per: <input type="checkbox"/> Contract Year <input type="checkbox"/> Calendar Year	
Administrative/Billing Contact:			Decision Maker:		
Covered Subsidiaries:					
Broker/Consultant Name:			Agency:		

Employer Contribution	Employee	Employee & Spouse/ Employee & One	Employee & Child(ren)	Family

Sold Rates	Employee	Employee & Spouse/ Employee & One	Employee & Child(ren)	Family

II. ELIGIBILITY INFORMATION

Eligible Employee:
 All Full-Time employees working _____ hours
2-50 eligible employees (MO only) cannot exceed 30 hours per week.
 Other _____

Termination Date of Coverage:
 Date employment ends Last day of the month

Dependent children are eligible for coverage until (MO groups only):
 Up to the 25th birthday
 *Other _____

Dependent children coverage terminates: End of Month

Dependent children are eligible for coverage until (IL groups only):
 Up to the 19th birthday or 25th birthday if full time student
 (May impact rates)
 Up to the 23rd birthday or 25th birthday if full time student
 (May impact rates)
 Up to the 23rd birthday (May impact rates)
 *Other _____

Dependent children coverage terminates:
 Actual Birthdate End of Month End of Calendar Year

Student Eligibility Determination:
 We wish for GHP to monitor *We wish to determine our own

***Extended Layoff Coverage:**
 Offer an extension of coverage during layoff
 Not to offer an extension of coverage during layoff

***Post Continuation Coverage for Illinois Contracts (Automatically covered in Missouri):**
 We elect to offer Post Continuation Coverage

***Grandchildren Exception (Must have Underwriting Approval):**
 We wish to allow employees' grandchildren to be covered under our policy as dependents.

***Is there coverage for Retirees:** Yes No

***Not available for Small Group (2-50 Eligible Employees)**

Employee Effective:
 The date of hire
 The first of the month following the date of hire
 The first of the month following **30 days** of becoming an eligible employee
 The first of the month following **60 days** of becoming an eligible employee
 The first of the month following **90 days** of becoming an eligible employee
 The first of the month following **120 days** of becoming an eligible employee
 The first of the month following **180 days** of becoming an eligible employee
 *Other _____

Diabetic Supplies: Employer does not wish to purchase a Drug Rider but elects to provide coverage for physician prescribed, medically appropriate and necessary equipment, supplies (including strips and lancets) and self-management training for treatment of Gestational, Type I and Type II diabetes. Yes No

Mental Illness Diagnostic Coverage (Missouri Only): Employer elects to provide coverage for two (2) visits per year for diagnosis or assessment of a mental illness or residential treatment, in or out-of-network, at the same deductibles, copays, coinsurance levels and maximums. (RSMo 376.811.4). Yes No

Hearing Services (Missouri Only): Employer elects to provide coverage for medically necessary care and treatment to identify, assess, diagnose, and consult about the need for treatment and to evaluate and monitor the effectiveness of treatment whether by instrumental, perceptual, or standard procedures as well as the provision of treatment for communicative disorders resulting from genetic defects, birth defects, injury, illness, disease, developmental disabilities or delays other causes whether of organic or non-organic etiology and whether or not the person is suffering from that loss or impairment had the capacity for speech, language or hearing before the loss or impairment occurred. (20 CSR 400-2.140) Yes No

Temporomandibular Joint Disorder Coverage: Employer elects to provide coverage for the reasonable and necessary treatment of temporomandibular joint disorder and craniomandibular joint disorder. (215 ILCS 5/356q) Yes No

Creditable Coverage Certificates: Employer will produce HIPAA required Certificates and assume responsibilities under HIPAA as to production/administration of Certificates (HIPAA). Yes No

Contraceptive Coverage: GHP may issue a plan that excludes contraception benefits if Employer is operated pursuant to moral, ethical or religious tenets that are contrary to the use or provision of contraceptives. If Employer wishes to exclude contraception benefits, it may provide a statement to GHP indicating its moral, ethical or religious tenets that are contrary to the use or provision of contraceptives.

