

## *Small Group Re-credential Form*

### Section I - Employment:

1. Are there multiple office locations?  Yes  No  
If yes, please list the address and number of employees at each location.

Address	City	State	Number of Employees

2. Total active **owners and employees**: (all locations combined including full time, part time, etc. **with and without** coverage)
3. Of the total owners and employees from question #2, how many are permanent, full time, working at least 20 hrs/week?
4. How many of the eligible employees have coverage through their spouse?
5. Retired Employees:  Covered  Not Covered  
If covered, total number of retirees: \_\_\_\_\_
6. Exclusions (i.e. union, part time & temporary employees):  
Are any classes of employees excluded from coverage?  Yes  No  
If yes, indicate classes excluded: \_\_\_\_\_ number in class.  
\_\_\_\_\_ number in class.
7. Do you now, or have you ever employed 20 or more employees (including part time employees)?  
 Yes, please indicate the last year \_\_\_\_\_  No
8. Does the company also currently offer other coverage from another insurance carrier?  
 Yes  No If yes, please indicate the carrier's name \_\_\_\_\_

### Section II Contribution

9. Please indicate the employer's contribution for the employees and retirees medical premium:  
For Employee Only \_\_\_\_\_% Retiree \_\_\_\_\_%

### Section III Certification:

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 fact material 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.

I ensure, to the best of my knowledge, that only eligible members of the group are enrolled.

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Name (Please Print) Federal Tax Identification Number

\_\_\_\_\_  
Company Name

Group Number Broker '02

*(Please answer all questions. Incomplete forms will not be accepted.)*