

Small Group Re-credential Form

SECTION I – TOTAL EMPLOYED

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. A. Total Owners _____

B. Total Employees _____

Total A + B _____

3. Have you ever employed 20 or more employees (including part time employees)? Yes No

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

SECTION II – EXCLUSIONS (Employees not eligible for coverage)

4. A. Total Temporary/Seasonal Employees _____

B. Total Union Employees _____

C. Total Part Time Employees (working less than 20 hours per week) _____

D. Are there any other employees not eligible for coverage? Yes No If yes, indicate the type of class not eligible for coverage. _____ How many? _____

Total A + B + C + D _____

SECTION III – OTHER INSURANCE

5. Please indicate the total full time employees not covered under this plan that are covered through their spouse. _____

6. Does the company also currently offer other coverage from another insurance carrier? Yes No If yes, please indicate carrier's name. _____ How many employees enrolled? _____

SECTION IV – CONTRIBUTION

7. Please indicate the employer's contribution for the employees enrolled under this plan. _____ %

8. How many retirees are covered under this plan? _____ Please indicate the employer's contribution for the retiree (s). _____ %

SECTION V – 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 / Print Name Title Date

Federal Tax Identification Number

Company Name

Group Number

PLEASE FAX COMPLETED FORM TO: (718) 312-6012

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