



GROUP APPLICATION for HIP 2008

BE SURE TO MAINTAIN CURRENT COVERAGE UNTIL YOU RECEIVE APPROVAL FROM HIP

Company Name: _____

Address: _____

Company Phone #: _____ Type of Business: _____

Contact: _____ Title: _____

Total Number of Employees: _____

Total Number of EE's working 20 hours or more per week: _____

Total number of eligible employees: _____

Total number of subscribers enrolling: _____

Single: _____ Employee/Spouse: _____ Employee/Child: _____ Family: _____

Present Insurance Carrier: _____

Dates of Coverage: From: ____/____/____ To: ____/____/____

Requested Effective Date: ____/____/____

GUIDELINES FOR ALL PLANS

1. The employer must be a member in good standing of NYSBG
2. All payments are to be made to Elite Programs, Inc. as administrators for NYSBG.
3. All applications must be accompanied by a business check and a 1040, Schedule C or an NYS-45-ATT.
4. All member groups must be self employed or have employer/employee relationships
5. We cannot accept enrollments if they are not properly completed, and accompanied by premium payment.
6. Enrollments, changes and cancellations must be in the administrators office at least 15 days prior to effective date.
7. Your premium must be received before the 1st of the month of coverage to avoid termination of coverage.

Plan Applied for (Check One Plan)

HIP/NYSBG Association Plans

- 1B Prime HMO (30/50/1000/150) - with Rx (Rx Option 1)
- 2B Select PPO (30/50/Ded&Coins/150) - with Rx
- 3B Prime HMO (30/50/1000/150) - with Rx (Rx Option 2)
- 4B Select PPO (30/50/Ded&Coins/150) - **NO Rx**

All premiums must be made payable to "Elite Programs, Inc." as administrators for HIP or check will be returned.

The information provided above is true and correct to the best of my knowledge. I understand that coverage and benefits may be affected by failure to provide complete and accurate information. I understand all current employees have the option of joining HIP now, or on my group's annual anniversary date.

Signature of Owner/Partner

Representative

Date

Representative's Phone Number