

New Group Set Up Form

Please complete this form within 7 days and return it to the Plan to begin the enrollment process.

Group Information

Name of Group: _____

This will display on each person's ID card. The name is limited to 30 characters including spaces.

Mailing Address: _____

Physical Address: _____

County: _____ Desired Effective Date: [Click or tap to enter a date.](#)

Employee Information

First Hired Employee's Start Date: _____

Number of Employees Working 20+ hours: _____ Number of temporary employees: _____

Contact Information

The HBR is responsible for assisting with and approving enrolment of new employees and dependents in accordance with the eligibility requirements. Additionally the HBR is responsible for explaining benefits and ensuring synchronization between internal systems and eBenefits.

Main HBR Name: _____ Phone Number: _____

Email Address: _____

Backup Name: _____ Phone Number: _____

Email Address: _____

The Billing Contact is responsible for receiving the group's premium invoice, reconciling group statements and ensuring timely remittance of premiums.

Billing Contact Name: _____ Phone Number: _____

Email Address: _____

Finance Officer: _____ Phone Number: _____

Email Address: _____

For Plan Use Only:

Group Effective Date: [Click or tap to enter a date.](#) Group Type: [Choose an item.](#)

Notes: