

# Capital Health



## Capital Health Plan

### Group Biographical Information

#### **Employer Group Demographics:**

Legal Name of Business: \_\_\_\_\_

dba (if applicable): \_\_\_\_\_

Type of Business:  Corporation  General Partnership  Government  LLC  Non-Profit  Other \_\_\_\_\_

Employer Federal Tax ID: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Employer Group Administrators and Authorized Representatives:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type:  Administrative and Billing  Administrative Only  Billing only  Executive

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type:  Administrative and Billing  Administrative Only  Billing only  Executive

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type:  Administrative and Billing  Administrative Only  Billing only  Executive

#### **Eligible Employees:**

Average # of Full-Time employees from previous calendar year: \_\_\_\_\_

Current # of employees: \_\_\_\_\_ Current Average # of Full-Time employees: \_\_\_\_\_

Do all employees reside in the CHP service area:  YES  NO

SERVICE AREA: Leon, Gadsden, Wakulla, Jefferson, Calhoun, Liberty, and Franklin Counties

Hire Policy: \_\_\_\_\_

Worker's Comp Carrier: \_\_\_\_\_

#### **Other Comments:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Owner/ Office Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date