

# 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 (must have at least one in Florida):**

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: (Employee counts should include total # employees on payroll)**

1. Total Average # of employees on payroll from Previous Calendar Year: \_\_\_\_\_
2. Current Total # of Full-Time employees on payroll: \_\_\_\_\_
3. Current Total # of Full-Time employees that live **OR** work in the CHP service area: \_\_\_\_\_

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

### **Employer Policies:**

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

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

### **Underwriting Guidelines:**

\*Minimum employer contribution is 50% of the single premium.

\*Minimum employee participation is 65%.

\*Capital Health Plan will be the only plan offered to employees. Exceptions must be pre-approved by Capital Health Plan.

### **Other Comments:**

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date