



Large Group Selection Form

Business Name: _____ Effective Date: _____

Business Tax ID#: _____

Address: _____

Contact Person / Title: _____

Phone Number: _____

Email: _____

Plan Design Selected: _____

Prescription Plan Selected: _____

Probationary Period for New Hires: _____

Dependent Eligibility: _____

Company Signature / Date: _____

Company Representative Name: _____

Title: _____

—OR—

Broker Signature / Date: _____

Broker Name: _____