

## 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: \_\_\_\_\_

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Company Signature / Date: \_\_\_\_\_

Company Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

—OR—

Broker Signature / Date: \_\_\_\_\_

Broker Name: \_\_\_\_\_