



# APPLICATION FOR BENEFITS OFFERINGS

2110 Fox Drive, Suite A, Champaign, IL 61820

**Incomplete information  
will delay processing  
application**

Application is hereby made to Coventry Health Care of Illinois, Inc. ("Coventry Health Care")/Coventry Health and Life Insurance Company ("CH&L") by the Applicant named herein for the purpose of making Coventry Health Care/CH&L available to provide access to certain health and other benefit as specified below. Issuance of the Group Enrollment Agreement ("GEA") shall be based upon the information contained in this application. The GEA, Certificate of Coverage ("COC") and Amendments, Enrollment/Change Form, Applicable Riders, Member Handbook, Provider Directory, and Schedule of Benefit will become the definitive agreement relating to the provision of health benefit during the term and any renewal terms of the GEA.

## I. COMPANY NAME

Group No.:	Effective Date:	SIC Code:	No. of Total Employees:	No. of Eligible Employees:	No. of Employees Applying for Coverage:
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**Average Number of Employees (Same number as "total employees" field in Benefit Express)**  
 Example: January 1 through December 31, 2014. This average must include all persons employed by the company and any affiliated companies in the preceding calendar year, whether an employee was full time, part time and/or seasonal. Important: The government requires the total average number, regardless of whether employees were eligible to enroll and/or participated in the group insurance coverage. Only include temporary employees if they are employees of the company (i.e., employees to whom the employer issues a W-2).

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
FT Emp.													
PT Emp.													
Seasonal													
<b>Total</b>													

Total Eligible for Medical
Total Qualified COBRA Beneficiaries
Total COBRA Enrollees in Group Policy
Total Employees Out of Area

Type of Organization:	Federal Tax ID #:
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Company Name:

Company Address: Street	City	State	Zip
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Telephone Number: ( )	Fax Number: ( )	E-mail Address:
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Billing Address: Street	City	State	Zip
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Prior/Current Health Insurer Carrier (for deductible credit):

Dates of Coverage:	Annual Deductible:	Administered Per: <input type="checkbox"/> Contract Year <input type="checkbox"/> Calendar Year
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Administrative/Billing Contact:	Decision Maker:
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Covered Subsidiaries:

Broker/Consultant Name:	Agency:
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Employer Contribution	Employee & Spouse/ Employee & One				Employee & Child(ren)	Family	Sold Rates	Employee & Spouse/ Employee & One				Employee & Child(ren)	Family	
	Employee	Employee & Spouse/ Employee & One	Employee & Spouse/ Employee & One	Employee & Spouse/ Employee & One				Employee	Employee & Spouse/ Employee & One	Employee & Spouse/ Employee & One	Employee & Spouse/ Employee & One			

## II. ELIGIBILITY INFORMATION

**Eligible Employee:**

All Full-Time employees working \_\_\_\_\_ hours

Other \_\_\_\_\_

**Termination Date of Coverage:**

Date employment ends    Last day of the month

## II. ELIGIBILITY INFORMATION CONTINUED

**Medical Loss Ratio (MLR) Classified** Check the appropriate box below. Find more MLR information at [www.hhs.gov](http://www.hhs.gov).

- ERISA
- Government group - Non-federal (A non-federal governmental plan is plan that is established or maintained by the government of any state or political subdivision thereof for its employees, or by any agency or instrumentality of any government of any State or political subdivision for its employees)
- Non-ERISA and not a government group (if you choose this option you must complete the Coventry non-ERISA addendum that will be provided and check one of the boxes below)
- Non-ERISA - Agree to the terms in the Coventry non-ERISA addendum.
  - Non-ERISA - Don't agree to the terms in the Coventry non-ERISA addendum.

**Dependent children are eligible for coverage until (Illinois groups only):** Up to the 26th birthday; Up to the 30th birthday if honorably discharged from active or reserve military service.

**Dependent children coverage terminates:** End of birth month

**\*Coverage for Retirees:**  Yes  No

### Employee Effective:

- The date of hire  The first of the month following the date of hire
- The first of the month following **30 days** of becoming an eligible employee
- The first of the month following **60 days** of becoming an eligible employee

## III. COVERAGE OPTIONS

**Contraceptive Coverage:** Coventry Health Care may issue a plan that excludes contraception benefits if employer is operated pursuant to moral, ethical or religious tenets that are contrary to the use or provision of contraceptives. If employer wishes to exclude contraception benefits, it may provide a statement to Coventry Health Care indicating its moral, ethical or religious tenets that are contrary to the use or provision of contraceptives.

## IV. PRODUCT/BENEFITS SELECTION

### Product and Plan Selection:

HMO<sup>1</sup> # \_\_\_\_\_  PPO<sup>2</sup> # \_\_\_\_\_  POS<sup>3</sup> # \_\_\_\_\_  QHDHP<sup>4</sup> # \_\_\_\_\_

<sup>1</sup> HMO – underwritten by Coventry Health Care

<sup>2</sup> PPO – underwritten by Coventry Health Care, underwritten by CH&L in the greater Chicagoland area

<sup>3</sup> POS – HMO underwritten by Coventry Health Care; Out-of-network underwritten by CH&L

<sup>4</sup> QHDHP – underwritten by Coventry Health Care

### Benefits Selected:

Medical (Select adjacent product & plan)

Prescription Drug Rider # \_\_\_\_\_

Additional Vision Rider # \_\_\_\_\_

Other: \_\_\_\_\_

## PRE-EXISTING CONDITIONS DO NOT APPLY

**DONOT CANCEL EXISTING GROUP INSURANCE UNTIL YOU HAVE BEEN NOTIFIED OF YOUR GROUP'S ACCEPTANCE BY Coventry Health Care.**

***No rates shall go into effect until final rates have been determined and accepted.***

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coventry Health Care Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (Officer of Company)

\_\_\_\_\_  
Coventry Health Care Representative Title