

## New Group Set Up Form

Please complete this form within 7 days and return it to the Plan to begin the enrollment process.

### Group Information

Name of Group: \_\_\_\_\_  
This will display on each person's ID card. The name is limited to 36 characters including spaces.

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

County: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

### Employee Information

First Hired Employee's Start Date: Number \_\_\_\_\_  
of Employees Working 20+ hours: \_\_\_\_\_ Number of temporary employees: \_\_\_\_\_

### Contact Information

*The HBR is responsible for assisting with and approving enrollment of new employees and dependents in accordance with the eligibility requirements. Additionally the HBR is responsible for explaining benefits and ensuring synchronization between internal systems and eBenefits.*

Main HBR Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Backup Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

*The Billing Contact is responsible for receiving the group's premium invoice, reconciling group statements and ensuring timely remittance of premiums.*

Billing Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Finance Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### For Plan Use Only:

Group Effective Date: \_\_\_\_\_ Group Type: \_\_\_\_\_

Notes: