BUSINESS HEALTH TRUST

Late Submission Form

Required for renewal and new groups submitted after the 15th of the month

IMPORTANT

This form is required for renewal and new groups submitted after the 15th of the month for coverage effective the first day of the following month. Complete information is required on the Group Master Application and enrollment forms to process your submission.

Our goal is to provide the highest level of satisfaction to producers, employers and their employees. We appreciate that you have chosen to submit this business to us and look forward to partnering with you to bring you and your members exceptional health benefits and member support services.

GROUP INFORMATION

REQUESTED EFFECTIVE DATE (MM/DD/YYYY)	
COMPANY NAME	
COMPANY ADDRESS	
CITY, STATE, ZIP	
PHONE	

ACKNOWLEDGMENT

I ACKNOWLEDGE that our group has submitted its materials late and understand this may cause a delay in ID cards and eligibility for benefits. I acknowledge that eligible employees and their dependents may be required to pay out-of-pocket for covered services until eligibility is updated. In the event that an eligible employee or eligible dependent pays out-of-pocket for covered services, I acknowledge it is the responsibility of that employee or dependent to submit the request for reimbursement to the carrier(s).

SIGNATURES

GROUP AUTHORIZED REPRESENTATIVE	
NAME	**TITLE**
SIGNATURE	**DATE**
PRODUCER	
PRODUCER NAME	**TITLE**
PRODUCER SIGNATURE	**DATE**