

Participation Validation for New Sales

6450 U.S. Highway 1, Rockledge, FL 32955 Toll-free 844.522.5279 • TDD relay 800.955.8771 myAHplan.com Group name: _____

Group number: _____

Please complete the following information listing all current employees. The Employer Group Application allows us to request this information, which we review for eligibility and participation requirements. We must have this information before we can process new and renewal business.

1. Total number of employees currently on your payroll: ____

2. List any additional employees of your organization (including owners if appropriate):

• If employee is part-time, include hours worked per week.

• If employee is listed in the waiting period, include date of hire and hours worked per week.

• If employee is terminated, include the employee's termination date.

Employee Name	SSN	Hours worked per week	Status (write number: 1=Electing / 2=Waiving <i>with</i> other coverage / 3=Waiving with <i>no</i> other coverage / 4=Waiting period / 5=Part time	Hire / termination date (mark H or T with date)

Employer Certification: I hereby represent that I have reviewed our employee records and that the above information is complete and accurate. I further represent that no person is insured under this plan except for eligible employees and their dependents. I understand these representations will be used in evaluating our company's eligibility to participate in the insurance coverage through AdventHealth Advantage Plans. I further understand omissions, misrepresentations, or misstatements could result in claim denial or termination of insurance. In addition, I understand that AdventHealth Advantage Plans reserves the right to request appropriate tax documentation (i.e., State Wage & Tax Report) to confirm the information stated above and verify participation and eligibility.

Signature of Company Officer

Date

Health First Commercial Plans, Inc. is doing business under the name of AdventHealth Advantage Plans. AdventHealth Advantage Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.