

## Core Health Insurance: Limited Medical Plans

### New Case Submission Form – Groups 2+

Thank you for considering us for your Limited Medical Insurance needs. Make sure you have completed and submitted everything necessary. Missing information will lead to delays in processing. Properly completed cases will be given first priority.

This completed form must accompany the submitted case.

### New Case Submission Form

All of these must be included:

- Employer master application - fully completed and signed by an owner, officer or partner
- Individual applications - Fully completed and signed
- Waivers - Employee or Dependent
- Complete copy of most recent State Quarterly Unemployment Tax Report
- 1st month's premium
- Copy of final quote used for sale
- Appointment information - licensing form and copies of state specific licenses (new agent)

#### Company Information

Company Name				
Type of Business				
Company Address				
City		State	Zip	
Contact Name		Contact Phone		
Requested Effective Date		Contact Email		
Number of Full-Time EE's		Number of Part-Time (seasonal)		
Number of enrolling		Employer Contribution %		
Current Carrier		Current Monthly Premium		

#### Company Contribution

<input type="checkbox"/> <b>Contributory - Amount (% or \$) _____</b> <input type="radio"/> Access to lower rates <input type="radio"/> Access to other benefits	<input type="checkbox"/> <b>Voluntary</b> <input type="radio"/> No Participation requirement <input type="radio"/> No Sponsorship or contribution requirements
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#### Writing Agent Information

Agent Name				
Agent Address				
City		State	Zip	
Agent Phone		Agent Email		

Core Health Plans  
 New Business: Fax 608-755-7955  
 P.O. Box 1086  
 Janesville, WI 53547-1086

