GEISINGER HEALTH PLAN

Geisinger

Employer group application

1. Group information			
Group name			Effective date
Business description	SIC	EIN	Years in business
Physical address		County	
City		State	Zip
Financial address (if different from above)			
City		State	Zip
Contact name		Contact title	
Contact email		Contact phone	
Eligiblity requirements			
New hire critera	Full time hours	Part time hours	
Employer contribution			
Employee composition			
Total company employees		Total eligible employees	
Employees waiving coverage		Enrolling employees	

2. Broker/consultant information	
Agency name	Agent name
Agent email	Agent phone

3. Group census information
☐ Submit your group census information in electronic format.

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4. Employee condition disclosure

To your knowledge has any person to be covered been diagnosed or treated by a provider for any of the following conditions within the last five years? Provide the answer to the following questions as they pertain to all eligible employees and/or covered dependents (including COBRA, any state continuation programs and eligible retirees). Please check yes or no. For each item checked "Yes", please explain in section below.

1. Cancer | Type (if known): _____	Yes ☐	No ☐	Number of people
2. Heart disease/vascular disease	Yes ☐	No ☐	Number of people
3. Organ transplant/bone marrow transplant (planned or past)	Yes ☐	No ☐	Number of people
4. Rheumatoid or psoriatic arthritis	Yes ☐	No ☐	Number of people
5. Diabetes | Type (if known): _____	Yes ☐	No ☐	Number of people
6. Cystic fibrosis, emphysema, asthma or other lung disease	Yes ☐	No ☐	Number of people
7. Disorder of the spine, back, joints, bones	Yes ☐	No ☐	Number of people
8. Epilepsy/seizure disorder	Yes ☐	No ☐	Number of people
9. Blood disorders including hemophilia	Yes ☐	No ☐	Number of people
10. HIV/AIDS	Yes ☐	No ☐	Number of people
11. Kidney or bladder disease; kidney dialysis	Yes ☐	No ☐	Number of people
12. Liver disease or hepatitis | Type (if known): _____	Yes ☐	No ☐	Number of people
13. Multiple sclerosis, muscular dystrophy or cerebral palsy	Yes ☐	No ☐	Number of people
14. High-end specialty drugs/infusion therapy	Yes ☐	No ☐	Number of people
15. Psychological or other mental disorder	Yes ☐	No ☐	Number of people
16. Stroke or paralysis	Yes ☐	No ☐	Number of people
17. Gaucher's disease	Yes ☐	No ☐	Number of people
18. Colitis or Crohn's disease	Yes ☐	No ☐	Number of people
19. Any conditions not mentioned above or anticipated surgery	Yes ☐	No ☐	Number of people
20. Have any employees, dependents or COBRA individuals who are eligible for coverage incurred claims that have exceeded $10,000 (medical and/or pharmacy) during the past 12 months?	**Yes** ☐	**No** ☐	**Number of people**
21. Are any employees currently disabled or otherwise not actively at work?	**Yes** ☐	**No** ☐	**Number of people**
22. Are any eligible employees or dependents currently pregnant? List each person on a separate line, include age and due date. Also list, if it is a multiple birth pregnancy or if the birth is considered high risk.	**Yes** ☐	**No** ☐	**Number of people**

5. If you answered "yes" to any conditions above, explain below. *If more space is needed, attach a separate sheet and sign and date all attachments.*

6. Required signatures and fraud statement

Employer name	Title
Employer signature	Date

My signature verifies that the information contained on this application for group coverage is accurate and true to the best of my knowledge. I attest that the individuals listed above are active employees of the organization. I understand that Geisinger Health Plan has the right to perform annual renewal reviews of applicable tax form verifiers and/or payroll records in order to confirm employment of the individuals enrolled. I also understand that pending review of applications by Geisinger Health Plan underwriting, individual group rates to vary based upon age/gender factors and industry indexes. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Geisinger Health Plan will investigate information provided and take action against those involved with insurance fraud. The penalties include, but are not limited to, retroactive and/or immediate termination of group coverage, as well as criminal or civil action.