



5101 S. Commerce Drive • Murray, Utah 84107 • 801-270-2967 • www.emihealth.com

EMPLOYER INFORMATION

Table with 3 columns: EMPLOYER'S NAME, TAX IDENTIFICATION NUMBER (TIN), SIC CODE AND / OR NATURE OF BUSINESS; ADDRESS, CITY & STATE, ZIP CODE; BILLING ADDRESS (IF DIFFERENT THAN ABOVE), CITY & STATE, ZIP CODE; MEMBERSHIP / ADMIN CONTACT - NAME & TITLE, PHONE, FAX; BILLING CONTACT - NAME & TITLE (IF DIFFERENT THAN ABOVE), PHONE, FAX; MEMBERSHIP / ADMIN CONTACT - EMAIL ADDRESS, BILLING CONTACT - EMAIL ADDRESS, REQUESTED EFFECTIVE DATE; HSA / HRA / FSA ADMINISTRATOR, HSA BANK (IF ANY):, NUMBER OF FULL-TIME EMPLOYEES (30+ HRS PER WEEK):; ELIGIBILITY FOR NEW ENROLLEES, ELIGIBILITY FOR LEGAL GUARDIANSHIP, ELIGIBILITY FOR DOMESTIC PARTNERS.

COBRA ADMINISTRATION

DO YOU HAVE 20 OR MORE W2 EMPLOYEES (INCLUDING PART-TIME?) Yes No; IF YES, WOULD YOU LIKE EMI HEALTH TO ADMINISTER COBRA? Yes No; Administrator; IF NO, WOULD YOU LIKE EMI HEALTH TO ADMINISTER EF3F7 5A@F25AH7D397? Yes No

*Attach census if EMI Health will be administering COBRA. Option must be made at the time of application; no changes will be allowed after acceptance of application.

BENEFITS See quote or RFP response for participation requirements

Medical (Contributory Only) and Vision sections with checkboxes for Voluntary/Contributory, employer contribution fields, and plan options like Premier, Summit, and VSP.

MEDIA RELEASE

On occasion, EMI Health may issue a press release announcing new business. Do you grant permission for your company name to be mentioned in such a release? Yes No

ENROLLMENT SUMMARY

PLAN	THREE TIER	FOUR TIER	NUMBER OF ENROLLEES	RATE	TOTAL PREMIUM
	Employee	Employee			
	Two-party	Employee/Spouse			
		Employee/Child(ren)			
	Family	Family			
	Employee	Employee			
	Two-party	Employee/Spouse			
		Employee/Child(ren)			
	Family	Family			
	Employee	Employee			
	Two-party	Employee/Spouse			
		Employee/Child(ren)			
	Family	Family			
	Employee	Employee			
	Two-party	Employee/Spouse			
		Employee/Child(ren)			
	Family	Family			
		Premium Subtotal			
		Dental Monthly Administrative Fee (\$2.00 per employee, \$20.00 maximum) waived if ACH.			
		Total First Month's Premium (must be included with this application)			

Attach additional Enrollment Summary sheet if necessary.

SIGNATURES

By signing below, the authorized person attests that he or she:

- understands that participating providers are not agents, representatives, nor employees of Educators Mutual, nor its affiliates (EMI Health).
- represents that all information on this application and any attachment is correct and complete to the best of his or her knowledge and that the discovery of any intentional material misrepresentation shall result in the termination of the policy.
- understands that no insurance will become effective until approved by EMI Health.
- understands that no agent has the authority to modify or waive any conditions of this application for policy, nor to bind EMI Health, by making any promise or representation.
- agrees to maintain and furnish any records necessary for the efficient administration of the policy.
- understands that only those employees who meet eligibility requirements are to be covered under the policy and that participation and contribution requirements must be met before this policy will become effective and that such requirements must be maintained while the policy is in force to prevent termination of the policy.
- understands that coverage under the policy can be terminated in accordance with its terms and conditions.

I hereby request insurance for eligible persons based on the information provided on this application and any attachment, and where applicable agree to be bound by the terms and conditions of any trust agreement establishing a trustee as policyholder. I understand that insurance will not go into effect until the required premium is paid for the benefits selected.

Authorized Person's Signature

Date

Printed Name

Title

Agent Name

Agent Phone Number

Agency Name

Agent E-mail Address

For EMI Health's Use Only

Approved by

Date