## Reinstatement application

Legal name of firm			Group number			Phone	
Firm address	City	City		State	ZIP code		County
Firm's executive contact		F	Firm's administrative contact				
Business type			Federal tax I.D. number				
Sole proprietor Corpo	oration Government	entity					
Group information							
Total number of full-time employees?  Total number of eligible e currently enrolled?		e emplo	employees		Number of full-time employees not currently covered?		
List the names of those not curren	itly covered that have no othe	er insuran	ice coverage	: '			
Employer contribution %			Dependent contribution %				

## Supply your most current State Wage & Quarterly Tax Form

(indicate full time, part time, term and list any new hires, etc.)

A group must enroll a minimum of two full-time employees (30 hours per week, 48 weeks per year) in their health insurance plan.

No more than 50 percent of employees can reside in the same household.

Seventy-five percent of all eligible employees (those not waiving) must enroll in the group insurance plan. Additionally, at least 25 percent of all full-time employees, including those that waive coverage, must participate.

To the best of your knowledge and belief, are any employees or dependents now disabled, unable to or not at work, hospital confined, on leave of absence, handicapped, contemplating hospital confinement or otherwise incapacitated as of this date? (If yes, please list names and details below).

I hereby certify that all of the information contained in this group enrollment application is correct to the best of my knowledge.

Group administrator signature Date

## **Arkansas Blue Cross and Blue Shield**

P.O. Box 2181 Little Rock, Arkansas 72203 Fax: 501-378-3248 Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## **Health Advantage**

P.O. Box 8069 Little Rock, Arkansas 72203 Fax: 501-301-6869



