Tall Tree Administrators
802 East Winchester Road, # 250
Salt Lake City, Utah 84107

Utah Real Estate Industry
Group Mini Medical Insurance

(801) 274-8100
Fax(801) 274-8900

NAME of EMPLOYER or BROKER:			**Incomplete forms will be rejected**
Your **Last Name** **First Name**		**Middle Initial**	**Social Security No.** / /
Street Address	**City**	**State**	**Zip Code**
Date Employed / /	**Job Title**	**Date of Birth** / /	**Home Phone No.** ( ) ☐ **Male** ☐ **Female**
Check: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Legally Separated		Every employee must complete this section and sign below "I Elect" or "I Decline"	

List first names and complete for all eligible dependents proposed for Insurance

	First Name / Spouse	Date if Birth / /	Age	Sex M / F	Social Security Number / /	For ages 19-26, indicate if they a full-time college student?	
Children		/ /			/ /	☐ Yes	☐ No
		/ /			/ /	☐ Yes	☐ No
		/ /			/ /	☐ Yes	☐ No
		/ /			/ /	☐ Yes	☐ No

If any child above is adopted, indicate the child's name and adoption date.

Have you or your dependents been covered by group medical Insurance during past 3 months? ☐ Yes ☐ No If so, please attach your HIPAA Certificate so that your benefits will not be delayed or declined.

Will both this group medical and another group medical plan cover You or your dependents at the same time? ☐ Yes ☐ No If yes, name of Carrier & Policy Number #_____

Medical Plan A		**Medical Plan B**		**Medical Plan C**		✔Check the Plan You Want	There will be a one time enrollment application fee of $20.00
Self		Self		Self			
2-party		2-party		2-party			
Family		Family		Family			

✔ **Life Insurance Beneficiary Names** **Your relationship to beneficiary**

Notice concerning your rights of privacy: Tall Tree and participating carriers collect nonpublic information about you from the information you put on your application or other forms; your transactions with us or our affiliates and from consumer-reporting agencies. We do not disclose nonpublic information about our customers or former customers to anyone, except as permitted by law. We restrict access to nonpublic personal information to those employees who need to know in order to provide products or services you requested. We maintain physical, electronic and procedural safeguards that comply with federal regulations guarding nonpublic personal information. **Limitations:** All benefits are limited by low benefit maximums, which may not be sufficient to cover major medical or catastrophic losses and there may be insufficient coverage for all expenses. **Preexisting Conditions & Late Enrollment**: The group medical may not provide benefits for Preexisting Conditions up to 12 months for new persons enrolling or during a Special Enrollment Period. Late Enrollee may not be covered for up to 18 months. This period may be reduced if a valid Certificate of Creditable Coverage is provided. Until then claims submitted for a preexisting condition, incurred during the respective 12 or 18-month periods, will be denied. A late enrollee is someone who fails to enroll when first offered coverage. Late Enrollees may not be able to apply for coverage until the next Open Enrollment and Late Enrollee applications could be limited or denied. **Assignment & Authorization:** I authorize the current plan administrator to release information or transfer risk to any assignees or other carriers. I authorize all medical related providers and organizations to release all information pertaining to medical history or services as it relates to this insurance. I further grant and release the use of the Social Security Number(s) for the purpose of identification. I authorize that a photocopy of this authorization shall be valid as an original until revoked in writing. **Accuracy:** I declare that the information provided on this application is accurate and complete to the best of my knowledge. I understand that any intentional omissions or incorrect statements may invalidate coverage for myself and/or named dependents. **Payroll Deduction:** I authorize my employer to deduct from my earnings any contributions required for the payment of premiums. I hereby declare that I am an active employee of the employer indicated above. All information given by me on this form is true and complete**. Payment Section** Your Employer is unable to payroll deduct your insurance premium. In order to participate, your insurance premium will automatically be deducted from your bank checking or savings. Electronic Funds Transfer Authorization Form I hereby authorize Tall Tree Administrators to initiate automatic re-occurring payments from my bank account as specified. Deduct the monthly payment amount I have selected above beginning prior to the effective date of my insurance as indicated. I understand this authority is to remain in full force and effect until Tall Tree has received written notification from me of its termination in such time and in such manner as to afford the depositor a reasonable opportunity to act on it. I maintain the right to stop payment of the debit entry (deduction) by written notification delivered to 802 East Winchester Road, Suite 250, Salt Lake City, Utah 84107 ten (10) business days or more before this payment is scheduled to be made. I understand those Tall Tree and it's successors make no warranties other than those set forth in this agreement or proscribed by law in the state in which I reside. **PREMIUM PAID BY AUTOMATIC CHECK WITHDRAW**

FAX FORM with COPY of VOIDED CHECK or MAIL FORM with FIRST PREMIUM CHECK

Print Name of Bank **Print Branch Name** **Checking** ☐ **Savings** ☐

Routing Number **Account Number** **City** **State**

I have read, understood and agreed with the information provided by electing. (Sign Here)

I Elect x Date

I have been given opportunity but decline to participate (Sign Here)

I Decline *x* Date

ADMIN ONLY		Hire Date / /	Effective Date / /		Change of Status Date / /		Termination Date / /
Hrs Wk.	per week	Class	☐ Address Change	☐ Salary Change	☐ Add/Cancel Coverage	☐ Termination	☐ Divorce/Separate or Dependent Not Eligible
Wages $	per mo.	Location	☐ Name Change	☐ Class Change	☐ Add/Cancel Dependents	☐ Reduced Hours	☐ Employee Died ☐ Other Explain