

C. Current Coverage Information (continued):

Projected Enrollment					
Number of full-time Employees actively at work:					
Number of Employees enrolling in Spousal Coverage / Parental Coverage / Military Coverage:					
Number of Employees opting out of coverage:					
Number of COBRA Extendees:					
Number of former employees covered by a Maryland Continuation of Coverage provision:					
Will Part-Time Employees (17.5 hrs/wk) be covered?	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
If covering, number of Part-Time Employees:					
Number of Disabled former Employees:					
Number of Retirees:					

D. Prior Coverage Information:

- Has the Company's coverage with CareFirst and/or CareFirst BlueChoice, Inc. been cancelled within the last 18 calendar months? If so, please list the prior Group Number: _____. Any outstanding balances owed by the Company to CareFirst and/or CareFirst BlueChoice, Inc. must be reconciled before the Company will be approved for group coverage.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
 - What is the number of carriers that the Company has had coverage with in the past five (5) years?
 - Has the Company's coverage been cancelled (or is it in the process of being cancelled) by the Company's present health care carrier?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
 - Has the company filed for bankruptcy (or is in the process of filing for bankruptcy) within the last three (3) years? If yes, to 3 or 4 please explain:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
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E. Review and Signature:

It is hereby understood and agreed that:

The information provided herein is complete and correct to the best of my information and belief.

Please check your role for the Group: **Group Administrator/Representative**
 Broker

Signature

Printed Name

Title

Date