



Return all paperwork to:  
Florida Hospital Care Advantage  
Attn: Commercial Sales/New Group Enrollment  
6450 US Hwy. 1, Rockledge, FL 32955

*All required forms and information must be submitted to Florida Hospital Care Advantage 10 business days prior to the effective date.*

**Group name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Employers	<p><b>Large Group Application</b></p> <p><input type="checkbox"/> All sections completed in full</p> <p><input type="checkbox"/> Plan selection(s) indicated</p> <p><input type="checkbox"/> Employer signature required</p> <p><input type="checkbox"/> All alterations are initialed by Principal or Benefits Administrator</p> <p><b>Payment</b></p> <p><input type="checkbox"/> First month's premium check (made payable to Health First)</p> <p><b>Documents</b></p> <p><input type="checkbox"/> Occupational license, or business tax receipt (for companies in business 4 months or less)</p> <p><input type="checkbox"/> Payroll summary (for companies that have not completed a UCT-6)</p> <p><input type="checkbox"/> Tax documentation (acceptable documents by filings for a Corporation or Partnership:  <input type="checkbox"/> UCT-6    <input type="checkbox"/> Schedule K1    <input type="checkbox"/> 1099    <input type="checkbox"/> 1096 )</p>
Requirements	<p><input type="checkbox"/> <b>Contribution:</b> See Group Underwriting Guidelines for more details.</p> <p><input type="checkbox"/> <b>Effective date:</b>    <input type="checkbox"/> 1<sup>st</sup> of the month    <input type="checkbox"/> 15<sup>th</sup> of the month</p> <p><input type="checkbox"/> <b>Signed Final Rates</b></p>
Employees	<p><b>Enrollment</b></p> <p><input type="checkbox"/> All sections completed in full</p> <p><input type="checkbox"/> All enrolling dependents are listed in Section 3 of the Enrollment Form.</p> <p><input type="checkbox"/> If waiving coverage, complete Section 4 of the Enrollment Form and provide proof of other insurance, if applicable.</p> <p><input type="checkbox"/> Employee signature required</p> <p><input type="checkbox"/> All alterations are initialed</p>
Broker/ Agents	<p><input type="checkbox"/> Complete Section 6 on the Large Group Application</p> <p><input type="checkbox"/> Review employer and employee forms and documents for accuracy prior to submission, including proof of other coverage for waiving employees.</p>

***For any questions or more information, please contact your sales executive.***