Health First
Health Plans

6450 US Highway 1
Rockledge, Florida 32955

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TDD relay 800.955.8771
myHFHP.org

Participation Validation for New Sales

Group name: _____
Group number: _____

Please complete the following information listing all current employees. The Employer Group Application allows us to request this information, which we review for eligibility and participation requirements. We must have this information before we can process new and renewal business.

1. Total number of employees currently on your payroll: _____
2. List any additional employees of your organization (including owners if appropriate):
   - If employee is part-time, include hours worked per week.
   - If employee is listed in the waiting period, include date of hire and hours worked per week.
   - If employee is terminated, include the employee's termination date.

Employee Name	**SSN**	**Hours worked per week**	**Status** (write number: 1=Electing / 2=Waiving *with* other coverage / 3=Waiving with *no* other coverage / 4=Waiting period / 5=Part time	**Hire / termination date** (mark H or T with date)

Employer Certification: I hereby represent that I have reviewed our employee records and that the above information is complete and accurate. I further represent that no person is insured under this plan except for eligible employees and their dependents. I understand these representations will be used in evaluating our company's eligibility to participate in the insurance coverage through Health First. I further understand omissions, misrepresentations, or misstatements could result in claim denial or termination of insurance. In addition, I understand that Health First reserves the right to request appropriate tax documentation (i.e., State Wage & Tax Report) to confirm the information stated above and verify participation and eligibility.

Signature of Company Officer **Date**

1142 10/2016 Health First Commercial Plans, Inc. and Health First Insurance, Inc., are both doing business under the name of Health First Health Plans. Health First Health Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.