

93 Worcester St., Ste 100,  
Wellesley, MA 02481  
(800) 848-9995  
Fax: (617) 509-2515

427 Main St., Ste 200,  
Worcester, MA 01608  
(800) 848-9995  
Fax: (508) 792-7191

650 Elm St., 7<sup>th</sup> Fl,  
Manchester, NH 03101  
(800) 544-9759  
Fax: (603) 656-9560

1 Market St., 3<sup>rd</sup> Fl,  
Portland, ME, 04101  
(888) 476-2463  
Fax: (207) 761-0194

75 Fountain St., First Floor  
Providence, RI 02902  
(800) 848-9995  
Fax: (617) 673-0794

## Group Information Form

**Company Name:** \_\_\_\_\_

Other "DBA" or Alias Names: \_\_\_\_\_

Does company regularly employ at least one individual that is not also the owner or owner's spouse? ☐ YES ☐ NO

### Company Location:

Street No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Billing Location (If different from above):

Street No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Does your company have any physical office locations outside the state in which this HPHC policy is underwritten?**

☐ No ☐ Yes—Please list street address, city, state and zip code for all locations. Additional space is available on second page.

### Contact Information:

Contact type	Name	Phone number	Email
Executive	_____	_____	_____
Benefits Administrator	_____	_____	_____
Billing	_____	_____	_____
HPHConnect	_____	_____	_____
Employer Mailing	_____	_____	_____
Broker*	_____	_____	_____

\*Please complete and submit the *Identification of Third-Party Representatives* form.

### Company Information:

Anniversary Date	Effective Date	Tax ID	-
SIC Code	Industry		
Total Employees	Part-time		Full-time
Total Full Time Equivalents			
Total Eligible Employees	Part-time		Full-time
COBRA	Retirees over 65	Retirees under 65	Working Aged

Company Contribution (not required for any small groups sold in NH or ME)

New Hire Waiting Period (may not exceed 90 days)

Part Time Eligibility ☐ Not eligible ☐ Eligible—Definition: \_\_\_\_\_ minimum hours/week

Dependent Age (if greater than 26)

Domestic Partner ☐ Not covered ☐ Same & Opposite Sex ☐ Opposite Sex Only ☐ Same Sex Only

The foregoing statements are (1) true and correct to the best of my knowledge and belief and (2) made to induce the issuance of health coverage. In Maine, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.



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City Place II, 185 Asylum St., 2<sup>nd</sup> Fl,  
Hartford, CT 06103  
(877) 594-7190  
Fax: (860) 757-6901

## Group Information Form

**Dental Information:** (required for MA and ME small groups purchasing medical plans without dental)

Name of Dental Carrier\* \_\_\_\_\_ Name of Dental Plan\* \_\_\_\_\_

*\*Dental Carrier and Plan must be considered ACA Compliant by State in order for medical plan to be sold without dental rider.*

**HRA &/or HSA Account Information:** (if applicable) *Additional documentation may be required*

☐ HRA HRA Vendor Name: \_\_\_\_\_

Corresponding HPHC Plan(s): \_\_\_\_\_

HRA Funding Amount (\$ or %)	Individual:	Family	Other:

☐ HSA HSA Vendor Name: \_\_\_\_\_

Corresponding HPHC Plan(s): \_\_\_\_\_

HSA Funding Amount (\$ or %)	Individual:	Family	Other:

### HPHC Selected Plans:

Plan #1 Type: ☐ HMO ☐ PPO ☐ POS ☐ Other: \_\_\_\_\_

Plan #1 Name or ID #: \_\_\_\_\_

Plan #1 Quoted Rates:	Individual-\$	Dual-\$	Family-\$	Other-\$

Plan #2 Type: ☐ HMO ☐ PPO ☐ POS ☐ Other: \_\_\_\_\_

Plan #2 Name or ID #: \_\_\_\_\_

Plan #2 Quoted Rates:	Individual-\$	Dual-\$	Family-\$	Other-\$

### Prior Insurer Plan Information:

Prior Insurer Name: \_\_\_\_\_

Funding Arrangement: \_\_\_\_\_

Plan #1 Type: ☐ HMO ☐ PPO ☐ POS ☐ Other: \_\_\_\_\_

Plan #1 Description: \_\_\_\_\_

Plan #1 Rates:	Individual-\$	Dual-\$	Family-\$	Other-\$

Plan #2 Type: ☐ HMO ☐ PPO ☐ POS ☐ Other: \_\_\_\_\_

Plan #2 Description: \_\_\_\_\_

Plan #2 Rates:	Individual-\$	Dual-\$	Family-\$	Other-\$

### Additional Information:

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