Application for Group Supplemental Medical Reimbursement Insurance

601 Poydras Street
New Orleans, LA 70130

1045 76th St. Suite 4000
West Des Moines, IA 50266

Name of Group Applying: ______________________ Federal ID # ____________

Address: ____
Street city state zip code

Phone: ____________________

Effective date of Insurance: (Month)__________ 1, 20___ Nature of business: ____________________

Type of Business: C Corporation ____ S Corporation ___ Sole Proprietor____ Partnership _____ Other __________

Name of employee contact: ____________________Title: ____________ Email: ____________

Names & locations of any subsidiaries or affiliates to be insured: ____________________

Classes of eligible employees (and any outside directors, retired and or surviving spouses):

1.______________ 2. ______________ 3. ______________ 4. ______________ 5. ______________

Total no. of employees employed: ______ Total no. of eligible employees: _______ Total no. of eligible outside directors : ________

Total no. of eligible retired employees and surviving spouses: _______

Plan: $ 100,000 _____ $200,000_____

Amount of premium submitted $ _________ Carrier underwriting Base Health Plan: ____________________

Have you had group insurance with Pan American before? ________ % of premium paid by ER for EE's: ________ Dep: _______

The employer authorizes the administrator to pay a service fee of $50 per year, per employee covered to the designated agent beginning on the effective date of coverage. This service fee is payable only as long as the indicated agent continues to service the employer and is considered to be the agent by the employer.

Signature of applicant: ____________________ Date: ______________ Signed at: ______________

Applicants' title: ____________________ Witnessed by: ____________________

Agent name: ____________________ Agents state license no. ______________ Phone: ______________

Name of firm: ____________________ Address: ____________________

Taxpayer I.D. no: ____________________ Agent email address: ____________________

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

Please submit this form, the individual employee enrollment cards and premium to:
Attention: Executive Edge 1045 76th Street, Suite 4000, West Des Moines, IA 50226