

Employer Application Supplement

STEP 1 Group Plan Selections

Make a plan selection from the following options (Vertical, Horizontal, Single, and or Dental) below:

Vertical (Access to one carrier and all plans that are available for that carrier):

Anthem ConnectiCare (CBI)

Horizontal (Access to all carriers and plans that are available for that carrier):

Gold Silver Bronze

Single Plan Option - Please choose from one plan below:

Anthem

Bronze Pathway X PPO
 Silver Pathway X PPO
 Gold Pathway X PPO

Bronze Pathway X PPO w/HSA
 Silver Pathway X PPO w/HSA

Anthem Group Dental

Anthem Dental Family
 Anthem Dental Family Enhanced

ConnectiCare (CBI)

Choice Bronze POS
 Choice Silver B POS

Choice Bronze POS HSA
 Choice Silver POS HSA

Choice Silver A POS
 Passage Gold POS PCP

STEP 2 Eligibility Requirements

Coverage Effective Date (mm/dd/yyyy) / /	Waiting Period: <input type="checkbox"/> 0 Days <input type="checkbox"/> 1 month <input type="checkbox"/> 45 days <input type="checkbox"/> 2 months
Coverage for: <input type="checkbox"/> Employees Only <input type="checkbox"/> Employees + Family	

STEP 3 Broker Information

Broker Name:	Broker Email:
Broker Agency:	Broker NPN #: