

# Employer Application Supplement

## STEP 1 Group Plan Selections

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

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

Anthem

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

Gold  Silver  Bronze

**Single** Access to only the plan selected below):

**Anthem**

Bronze Pathway X PPO

Bronze Pathway X PPO w/HSA

Silver Pathway X PPO

Silver Pathway X PPO w/HSA

Gold Pathway X PPO

## 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	License # (Optional):

## STEP 3 Broker Information

Broker Name:	Broker Email:
Broker Agency:	License # (Optional):

**NEED HELP WITH YOUR APPLICATION?** Contact your employer, visit [AccessHealthCTSmallBiz.com](http://AccessHealthCTSmallBiz.com), or call us at 1-855-762-4928. TTY users should call 800-877-8973 and connect to 1-855-762-4928. Para obtener una copia de este formulario en Espanol, llame all 1-855-762-4928.