



## **GROUP HEALTH INSURANCE** **Online Enrollment**

### **SHOPPING MADE EASY FOR YOUR BUSINESS**

Each employee completes only one insurance application form. We submit it to many carriers depending on what state you are in.

In just a few days, we will have final rates.

**We work with you to choose the best plan for you and your employees.**

#### **SIMPLE STEPS TO SAVE MONEY:**

- 1) Print this PDF Form. (OR send us a spreadsheet with the information)
- 2) Complete the basic information
- 3) List the first and/or last name of each employee who is eligible for cover. This includes:
  - a). Employees on the plan
  - b). Employees waiving coverage.
  - c). Anyone on COBRA.
- 4) Email the form ([tim@blahnikinsurance.com](mailto:tim@blahnikinsurance.com)) or Fax (952-223-5408) the information to our office.

We will email you the secure ID and Password for each employee. You give the instructions to the employees and we track the progress as they complete the forms.

Our staff will keep you informed all the way through the process.

**We look forward to working with your business to help save money!**

<b>Company Name</b>	
<b>Company Address</b>	
<b>Contact Person</b>	
<b>Contact Phone</b>	
<b>Contact Email</b>	
<b>Current Carrier</b>	

