

Managed Transplant program

UNITED RESOURCE NETWORKS MANAGED TRANSPLANT PROGRAM

FULLY INSURED CERTIFICATE REQUEST FORM

Instructions: Use this form when requesting a Certificate for a fully insured customer. Please fill out this form completely as all the information requested is needed to complete the Certificate. Please sign and date the form and deliver to the Contracts Department.

1. Legal Company Name: _____

2. Company Address: _____

3. Company Contact Name: _____ Title: _____
Phone Number: _____

4. State of Issue (Situs State): _____

5. Effective Date of Policy: _____ First Renewal Date: _____
Subsequent Renewal Date: _____

6. Company phone number: _____

7. Company is a(n): Corporation Partnership Trust Association

 "Political Subdivision" (this includes schools, towns, cities & states)

8. Company is a(n): ERISA ERISA exempt Plan

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9. If an ERISA plan:

- a. Employer Identification Number (EIN): _____
- b. Who is the Plan Administrator: _____
- c. Plan Administrator's phone number: _____
- d. Plan Administrator's address: _____
- e. Financial Contact Name: _____
- f. ERISA Plan number: _____

10. Coverage is:

- Contributory (employee pays for some of the coverage)
- Non-Contributory (employee does not pay for coverage)

11. Dependent Child Definition:

- Unmarried children through age 18
- Unmarried children under age 25 who are full-time students
- Other -- Please explain: _____

12. Does the Group's definition of "children" include: Any other child related to eligible employee who resides in the employees home and who is dependent on employee for care and support? Yes No

13. Coverage extended for handicapped children once they reach age 19:

- Yes No

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14. Retirees covered: Yes No

If Yes, coverage is: Contributory Non-Contributory

15. Each employee must receive a copy of the Certificate of Coverage. This will be provided to the group by U.R.N. How would the Group choose to distribute the Certificate of Coverage to the employee's?

Receive paper copy to hand or mail out to each employee

Post the Certificate of Coverage on the group's web site

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16. States where employees/retirees reside? Please fill in the appropriate number of employees/retirees for all states with membership.

<u>STATE</u>	EMP	RET	<u>STATE</u>	EMP	RET	<u>SATES</u>	EMP	RET
AL			AK			AZ		
AR			CA			CO		
CT			DE			DC		
FL			GA			HI		
ID			IL			IN		
IA			KS			KY		
LA			ME			MD		
MA			MI			MN		
MS			MO			MT		
NE			NV			NH		
NJ			NM			NY		
NC			ND			OH		
OK			OR			PA		
RI			SC			SD		
TN			TX			UT		
VA			VT			VI		
WA			WI			WV		
WY								

Completed by: _____