



KELLY & ASSOCIATES INSURANCE GROUP, INC.

301 International Circle • Hunt Valley, Maryland 21030-1342 • (410) 527-3400 • (800) 972-7227 • Fax: (410) 527-3470

GROUP INSURANCE AGREEMENT

New Group Existing KELLY group adding or changing coverage (KELLY ID#: _____)

COMPANY NAME	PARENT COMPANY/AFFILIATION (if applicable)
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Billing Address Note: A street address is often required for contract delivery

STREET/PO BOX	CITY & COUNTY	STATE	ZIP
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Physical Location (if different)

STREET	CITY & COUNTY	STATE	ZIP
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Company Contact Information

BILLING/ENROLLMENT CONTACT NAME	TITLE	PHONE	FAX	E-MAIL
RENEWAL CONTACT NAME	TITLE	PHONE	FAX	E-MAIL
DECISION-MAKER CONTACT NAME	TITLE	PHONE	FAX	E-MAIL

Company Information

FEDERAL TAX ID#	ASSOCIATION (if applicable)	SIC CODE/INDUSTRY TYPE
TYPE OF ORGANIZATION: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other: _____		TOTAL # FULL-TIME EMPLOYEES
IS COVERAGE OFFERED TO: Part-time employees? Y/N Employees with coverage elsewhere? Y/N Retirees? Y/N		TOTAL # PART-TIME EMPLOYEES

Plan Information

REQUESTED EFFECTIVE DATE:	Is this organization subject to Federal COBRA (or State Continuation) laws? Y/N	PRIOR COVERAGE: Carrier Name: _____ If No Prior Coverage Check Here <input type="checkbox"/>
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TYPE	CARRIER	PLAN	MD SMALL GROUP BENEFITS?	WAITING PERIOD FOR NEW EMPLOYEES	EMPLOYER CONTRIBUTION (% or \$ amt)	TOTAL EMPLOYEES ENROLLING	TOTAL EMPLOYEES WAIVING
HEALTH			Y / N				
HEALTH			Y / N				
HEALTH			Y / N				
DENTAL							
VISION							
LIFE							
STD							
LTD							
LBHP							

COBRA

WILL KELLY BE PROVIDING FULL COBRA/HIPAA ADMINISTRATION? <input type="checkbox"/> Yes * <input type="checkbox"/> No	COBRA (OR STATE CONTINUATION) SUBSCRIBERS SHOULD BE BILLED: <input type="checkbox"/> Separately to the subscriber's home <input type="checkbox"/> On the group bill
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Billing

Check if you do not want KELLY to bill this group

* Note: Full COBRA/HIPAA administration requires completion of a separate COBRA/HIPAA Administration Agreement

KELLY Administrative Procedures, Guidelines & Compensation

Billing and Premium Payments: Kelly & Associates Insurance Group, Inc. (KELLY) premium statements are mailed no later than the fifteenth (15th) of the month prior to each effective month of coverage. Your premium payments should be received by KELLY by the twenty-fifth (25th) of the month prior to the month of coverage. For example, you would receive your premium statement for August coverage on July 7th, and the premium is due by July 25th. All checks should be made payable to Kelly & Associates Insurance Group, Inc.

Be advised: A \$30 service fee will be charged to your account for any returned checks.

Compensation: Your broker is compensated for his/her services through commission(s) and/or fees from the carrier(s) or supplier(s) selected. KELLY, in the role as agent of the carrier, may be compensated in the form of administrative/marketing fees or allowances, performance bonuses, and the like.

Group/Company Termination: Thirty (30) days advance written notification must be forwarded to KELLY for termination of group coverage. Failure to give written notification prior to the first of the month for which the termination is effective could make your group liable for the additional month's premium. Accounts terminated for late payment can only be reinstated upon carrier approval, and are subject to a \$100 reinstatement fee. Your insurance carrier(s) may also apply a separate fee for reinstatement. Full payment of past due premium, current due premium, and necessary reinstatement fees must accompany all reinstatement requests. Note that some carriers require three (3) months of premium before considering reinstatement.

New Employee Applications: Applications for new employees who have met your group's established waiting period must be received by KELLY by the twentieth (20th) of the month prior to the requested coverage month. To ensure timely processing, please complete all applications entirely, including the applicant's signature (and in some cases the employer's signature). Depending on the size of your group and the insurance carrier guidelines, some new applications may be medically underwritten. Coverage in these cases is usually effective the first of the month following approval.

Subscriber and Dependent Changes: Coverage changes, termination of coverage, or revision of subscriber or dependent information requires a completed Member Change/Termination Form. For example: deletion of a dependent turning 19 who is not a full-time student, termination of coverage for an employee, update of a subscriber's address, name changes, etc. Changes in coverage must be received prior to the first of the month for which the change is effective. Notification of subscriber or dependent termination must be received in advance of the requested date of termination. The actual date of termination will be no earlier than the date KELLY receives proper and complete documentation. Your firm may be liable for premium related to coverage that is left active due to late notification to KELLY. All additions of coverage must be signed by the applicant/subscriber (and, in some cases, the employer). Employers may sign for termination of subscriber coverage.

Attachments Needed (for New Business only):

- _____ Updated quarterly Detailed Wage & Tax Statement (DEED)
- _____ Waivers for all eligible employees declining coverage
- _____ Signed rate calculation sheet (Group Proposal)
- _____ Check for first month's premium payable to Kelly & Associates Insurance Group, Inc.

amount enclosed: \$ _____

I have read, understand and agree to the above for Kelly & Associates administered group insurance programs, and verify that all data on the front of the form is accurate.

Company Official Signature

Title

Date

Agent/Broker Signature

Date

Agent/Broker Name & Agency Name (please print)