

Enrollment Forms Central Reserve Life

HSAdvantage Group Plan

- HSAdvantage Group Brochure (PRB-0388)**

- Group Insurance Application**
Completed in full with complete medical disclosure for each employee
Requested effective date
Groups size 2-9: APL-GRP49EZ
Groups 10-50: APL-0050
Groups 51+: APL-0131

- Health History Questionnaire (AEF-G125)**
To be completed for groups of 2-9 employees by each employee

- Participation Request and Agreement (PRQ-GPT2)**
Employer Application

- Additional Required Forms:**
 - ~ Non-Participating Employee Waiver (AEF-0186)
 - ~ Waiver of Dependent Coverage (AEF-0137)

Submission Requirements

- First Month's Premium Payment**

- Current Wage & Tax Statement**
Reconciled

- Prior Carrier Most Current Billing Statement**
Past 12 months (or at least 1 from 12 months ago) recommended to assist in pre-ex credit

- Copy of Quote**