

AmeriHealth New Jersey SEH Group Application Addendum

APPLY

AmeriHealth New Jersey
259 Prospect Plains Rd, Building M
Cranbury, NJ 08512

For AmeriHealth New Jersey use only
AmeriHealth Insurance Company of New Jersey | AmeriHealth HMO, Inc
Group Number: _____

1. Is the group signing up to offer an HSA account to employees through Bancorp? Yes No

HSA Enrollment Addendum Forms are required for each subscriber.

2. Is the group enrolling in an AmeriHealth New Jersey Defined Contribution Model plan through MyAHNJ? Yes No

Health Plan Package Number: _____

3. Are any of the Class Carveouts applicable to the group? Yes No **If yes, identify the applicable class and plan below:**

Management vs. Non Management

_____ vs. _____

Salary vs. Hourly

_____ vs. _____

Full Time vs. Part Time

_____ vs. _____

Union vs. Non-Union

_____ vs. _____

Owners vs. Non Owners

_____ vs. _____

NJ EE's vs. Out of State EE's

_____ vs. _____

4. Is the group paying with Binder Checks? **If yes, identify below:**

Binder Check Breakout

If more than one plan is being selected, identify the plan design and corresponding dollar amount from the binder check:

Plan _____ \$ _____

Plan _____ \$ _____

Plan _____ \$ _____

Plan _____ \$ _____

Total _____

Check Number _____