



## 51+ Enrollment

For All New groups, 51+ employees:

- This completed AmeriHealth Group Enrollment Form
- Copy or signed Rate Quote
- Enrollment form for each enrolling employee (Note: Product selection by subscriber is required)
- First month's premium – MUST BE CORPORATE CHECK (not personal)
- Broker of Record letter, on enrolling company's letterhead
- Waivers, if applicable

### Group Enrollment Information

Group name:	Group contact/title:
Address:	Group's email address:
City/State/ZIP:	Industry type:
Phone:	NAICS code:
Effective date:	Total eligible employees:
Tax ID:	Total employees in HMO/POS:
Check amount:	Total employees in PPO/CMM:
Prior carrier:	Total employees waiving coverage:

### Plan Selections

Medical	Prescription Drug	Vision

By signing, I acknowledge that I have completed all documents required by AmeriHealth New Jersey, and that if any required documentation is not included with this submission, the entire case will be returned to me.

\_\_\_\_\_  
 Producer Signature

\_\_\_\_\_  
 General Agent