



## Group Renewal Form

CASE Program

Company Name:

Number of Benefit Eligible Employees

Preferred Contact @ Employer Group

Phone Number

First Name

Last Name

Area Code

Phone Number

Email

example@example.com

List all DBA's:

Preferred Invoice Recipient

example@example.com

Any other updates and/or changes you would like to share with TBG for account renewal?

Open Enrollment Dates/Month

Plan Year Effective Date

Number of Benefit Eligible Employees (64+)

Benefit Plan Options:

HMO

POS

PPO

HDHP

HDHP w/HSA

Other

Who should employees contact to have their Verification of Coverage form completed?

Are all your prescription drug plans creditable?

Do you allow domestic partners?

Contact for COBRA Administrator

How many plan options do you offer?

Do you offer Retiree Benefits?

How many retirees are currently enrolled (including spouses)

Average employer cost for covering an employee 65+ (includes premiums+ claims)

Do you offer an HSA

Yes, group funded

Yes, non-contributory

Yes, group and employee funded

No

Do you want TBG to support your retirees?

Yes

No

What type of Retiree Programs do you have?

Legacy Plans

Access Plans

Carve Out Plans

Exchange Support

Other

How do your retirees pay their premiums?

Deducted from Pension

Direct Bill

Employer Direct Bill

HRA

Other

Consultant Firm:

Consultant Point of Contact:

First Name

Last Name

Consultant Email

example@example.com

Consultant Phone Number

Area Code

Phone Number