
ACQUISITION FORM

1. Name of Acquired Company: _____
2. Address of Acquired Company: _____

3. Are there multiple locations? If so, please list other locations: _____

4. Proposed Effective Date of Acquisition: _____
5. Effective Date added to Employee Benefit Plan: _____
6. Number of eligible employees to be added: _____
7. Current enrollment in Acquisition's Benefit Plan: Single: ____ EE+1: ____ EE+2: ____
Family: ____ Please attach a copy of the most recent enrollment listing.
8. What is the current Benefit Plan Type? HMO ____ PPO ____ POS ____ Indemnity ____
Please attach a copy of the Schedule of Benefits.
9. Current rates: Single: _____ EE+1: _____ EE+2: _____ Family: _____
10. What is the Acquired Company's current policy period? From: _____ To: _____
11. Have the renewal rates been received? Yes: ____ No: ____ If so, please attach.
12. Are there any known potential catastrophic conditions? Yes: ____ No: ____
If yes, a Disclosure Statement is required.
13. Deductible Accumulations: Carry Over: _____ No Credit: _____
14. Co-Payment Accumulations: Carry Over: _____ No Credit: _____
15. Description of eligible class: _____

16. Eligibility Waiting Period: Current employees: _____ New Employees: _____

17. Pre-Existing Waiting Period: Current employees: _____ New Employees: _____

18. Are there any retirees or grandfathered employees or dependents covered? If yes, please explain: _____

Signature of TPA Representative

Signature of SLG Benefits Underwriter