Geisinger

Group checklist

for Geisinger Funding Alternative (GFA)

Employers
Group legal name:
Address:
City/State/Zip:
Primary contact name:
Primary contact email:
Secondary contact name (optional):
Secondary contact email (optional):
New hire criteria:
Required full-time hours:
Required part-time hours (if applicable):
Employer premium contribution:
Total number of employees:
COBRA (group to determine based on group size):
Will your plan be integrated with ConnectYourCare HRA? Yes No
If "yes", complete our <u>HRA/FSA configuration form</u> .
Brokers
Primary contact name:
Primary contact email:
Secondary contact name (optional):
Secondary contact email (optional):
Additional required documents
Signed final proposal
ACH (autodebit) form
Super user form

Please return this form along with the required documents to your broker or assigned account executive. If you have any questions, the GHP sales department can be reached at 800-554-4907.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.