

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): ☐ COBRA ☐ Mini-COBRA

Will your plan be integrated with ConnectYourCare HRA? ☐ Yes ☐ No

If "yes", complete our [HRA/FSA configuration form](#).

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](tel:800-554-4907).