

Consultant New Business Transmittal

GROUP INFORMATION	
Name:	
Address:	
Effective Date:	

AGENCY INFORMATION	Complete this section only if consulting fees are paid to the Agency
Name:	
Address:	
GBS Agency ID #:	
Federal Tax ID Number:	
Agency Consulting Fee:	___ % of the monthly premium equivalent or \$ _____ PEPM

CONSULTANT INFORMATION	Complete this section only if consulting fees are paid to the consultant
Name:	
Address:	
GBS Consultant ID #:	
Social Security Number:	
Consulting Fee:	___ % of the monthly premium equivalent or \$ _____ PEPM

CONSULTANT STATEMENT:
<p><i>To the best of my knowledge:</i></p> <p><input type="checkbox"/> I hereby represent that all the information contained in the Employer Application is correct and I know of nothing unfavorable about this firm or any individual proposed for benefits (except as noted on the Employee Applications) that has not already been disclosed.</p> <p><input type="checkbox"/> I have complied with the underwriting rules and regulations and have explained in detail the proposed benefits for the member firm and it's Employees.</p> <p><input type="checkbox"/> I understand that I represent the interest of the Applicant for benefits and have advised my client not to terminate any existing benefits until receiving notice that the benefits being applied for by this application is accepted. I understand that I have no right to bind these benefits, to alter the terms of the employee benefit plan contract or application in any manner or to adjust any claim or benefits under the employee benefit plan contract.</p> <p><input type="checkbox"/> I understand that I am entitled to the above consulting fees as long as I am the appointed consultant of record for this client and as long as this client remains an active client with this program.</p>

Group Benefit Services, Inc. (GBS) is the Third Party Administrator for the GBS HealthyAdvantage Program and has sole responsibility for billing and collecting all funds associated with this program from the Employer. Upon receipt, GBS will remit all consulting fees based on the fees identified above to the appointed Consultant. Consulting fees will be paid on a monthly basis.

Consultant Signature: _____

Date: _____

GBS Signature: _____

Date: _____