

## Managing General Agency (MGA) New Business Transmittal

**GROUP INFORMATION**

Name:	
Address:	
Effective Date:	

<b>MGA INFORMATION</b>	<b>GBS will pay the MGA the Consultants Fee as well, unless the Consultant Fee section below is completed</b>
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Name:	
Address:	
GBS MGA ID #:	
Federal Tax ID Number:	
MGA Consulting Fee:	_____ % of the monthly premium equivalent or \$ _____ PEPM

**CONSULTANT or AGENCY INFORMATION Complete this section only if consulting fees are paid to a Consultant**

Name:	
Address:	
GBS Consultant ID #:	
Consulting Fee:	_____ % of the monthly premium equivalent or \$ _____ PEPM

**MGAs STATEMENT**

**To the best of my knowledge:**

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.

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.

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.

I understand that I am entitled to the above MGA consulting fees as long as the appointed consultant of record for this client is associated with my MGA and as long as this client remains an active client with this program.

Group Benefit Services, Inc. (GBS) is the Third Party Administrator for the GBS Healthy Advantage 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 MGA. The MGA will be responsible for paying the Consultant or Agency consulting fees. Consulting fees will be paid on a monthly basis.

MGA Signature: \_\_\_\_\_

Date: \_\_\_\_\_

GBS Signature: \_\_\_\_\_

Date: \_\_\_\_\_