

## New Business Transmittal

- Check if GBS is paying MGA only (MGA will pay Agency and/or Consultant)
- Check if GBS will be paying MGA, Agency & Consultant directly
- Check if GBS will be paying MGA & Agency (MGA or Agency will pay consultant)

GROUP INFORMATION		
Name:		
Address:		
Effective Date:		
MGA INFORMATION		
If GBS is paying the MGA only, combine the Agency and/or Consultant Fees in the MGA Consulting Fee and leave the Agency and Consultant Information blank.		
Name:		
Address:		
GBS MGA ID #:		
Federal Tax ID Number:		
MGA Consulting Fee:	_____ % of the monthly premium equivalent OR \$ _____ PEPM	_____ % of the monthly premium equivalent OR \$ _____ PEPM
AGENCY INFORMATION		
If GBS is paying the MGA and Agency, combine the Agency and Consultant fees in the Agency Consulting Fee and leave the Consultant Information blank.		
Name:		
Address:		
GBS Agency ID #:		
Federal Tax ID Number:		
Agency Consulting Fee:	_____ % of the monthly premium equivalent OR \$ _____ PEPM	_____ % of the monthly premium equivalent OR \$ _____ PEPM
CONSULTANT INFORMATION		
Complete this section only if consulting fees are paid directly to the Consultant by GBS		
Name:		
Address:		
GBS Consultant ID #:		
Social Security Number:		
Consulting Fee:	_____ % of the monthly premium equivalent OR \$ _____ PEPM	_____ % of the monthly premium equivalent OR \$ _____ PEPM
CONSULTANT STATEMENT		
<b>To the best of my knowledge:</b>		
<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.		
<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 its employees.		
<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.		
<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 is an active client with this program.		
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: \_\_\_\_\_