GBS
GroupBenefitServices
An AmWINS Group Company

Group Insurance Ineligibility Listing

Employer Name:	

GBS Account # (existing accounts only)	

I hereby certify that the employees listed below are not considered eligible to participate in our group insurance plan and are not being offered the opportunity to enroll.

Employee Name	Social Security #	Reason Ineligible*

*Indicate one of the following reasons:
1=Part Time 2=In Company Waiting Period 3=Terminated 4=Spousal Coverage

Employer Signature

Date

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