



Marketed and Administered Exclusively by:



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Web: http://www.gbsio.net

GROUP POLICY CONTACT NAME: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

GROUP ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Re: Action required to complete your enrollment

Dear Policy Maker/Producer:

Thank you for choosing GBS Health Plans to serve your company's health and wellness needs. We are pleased to be your company's health benefits administrator and are dedicated to serving you with excellence.

It is our goal to complete the enrollment process and to send member ID cards before the effective date of coverage. To accomplish this, all enrollment documents (see attached checklist) must be completed and submitted by the 12<sup>th</sup> of the month prior to your effective date.

As of today, we have not received all of the paperwork necessary to complete your enrollment. Please refer to the enrollment checklist or contact your Consultant to confirm which documents are outstanding. Upon receipt of these documents, we will work diligently to finalize your group set-up as quickly as possible; however, we cannot promise enrollment will be completed before the effective date, resulting in the following possible impact to your members:

- Members may not receive their ID cards or Benefit Summary before the effective date of coverage.
- Membership and claim files may not be updated prior to the effective date, which may cause claim payments to be delayed.
- We cannot guarantee the issuance of Summary Plan Descriptions within the timelines stipulated by The Patient Protection and Affordable Care Act. For more information on these regulations visit [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

Please sign below to acknowledge your understanding of the potential ramifications of missed deadlines, and submit the signed form along with your remaining enrollment documents. We encourage you to provide your employees with the attached explanation letter.

You are a valued customer, and we look forward to serving your health and wellness needs. Thank you in advance for your partnership in helping to ensure a smooth enrollment process for your members. Please contact your Consultant if you have any questions.

\_\_\_\_\_  
Group Policy Contact Signature

\_\_\_\_\_  
Printed Policy Contact Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consultant Signature

\_\_\_\_\_  
Printed Consultant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name