

# Reinstatement application

Legal name of firm		Group number		Phone	
Firm address	City	State	ZIP code	County	
Firm's executive contact			Firm's administrative contact		
Business type Sole proprietor    Corporation    Government entity			Federal tax I.D. number		

## Group information

Total number of full-time employees?	Total number of eligible employees currently enrolled?	Number of full-time employees not currently covered?
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List the names of those not currently covered that have no other insurance coverage:

Employer contribution %	Dependent contribution %
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## Supply your most current State Wage & Quarterly Tax Form

(indicate full time, part time, term and list any new hires, etc.)

A group must enroll a minimum of two full-time employees (30 hours per week, 48 weeks per year) in their health insurance plan.

No more than 50 percent of employees can reside in the same household.

Seventy-five percent of all eligible employees (those not waiving) must enroll in the group insurance plan. Additionally, at least 25 percent of all full-time employees, including those that waive coverage, must participate.

**To the best of your knowledge and belief, are any employees or dependents now disabled, unable to or not at work, hospital confined, on leave of absence, handicapped, contemplating hospital confinement or otherwise incapacitated as of this date?** (If yes, please list names and details below).

**I hereby certify that all of the information contained in this group enrollment application is correct to the best of my knowledge.**

Group administrator signature	Date
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**Arkansas Blue Cross and Blue Shield**  
P.O. Box 2181  
Little Rock, Arkansas 72203  
[bccaenrollment@arkbluecross.com](mailto:bccaenrollment@arkbluecross.com)  
Fax: 501-378-3248

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Health Advantage**  
P.O. Box 8069  
Little Rock, Arkansas 72203  
[HAcustacct@arkbluecross.com](mailto:HAcustacct@arkbluecross.com)  
Fax: 501-301-6869