



	NAME	DATE OF FULL-TIME EMPLOYMENT	HOURS WORKED PER WEEK	STATUS CODE	APPLYING FOR COVERAGE (YES) DECLINING COVERAGE (NO) ATTACH APPLICATION
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No
11					<input type="checkbox"/> Yes <input type="checkbox"/> No
12					<input type="checkbox"/> Yes <input type="checkbox"/> No
13					<input type="checkbox"/> Yes <input type="checkbox"/> No
14					<input type="checkbox"/> Yes <input type="checkbox"/> No
15					<input type="checkbox"/> Yes <input type="checkbox"/> No
16					<input type="checkbox"/> Yes <input type="checkbox"/> No
17					<input type="checkbox"/> Yes <input type="checkbox"/> No
18					<input type="checkbox"/> Yes <input type="checkbox"/> No
19					<input type="checkbox"/> Yes <input type="checkbox"/> No
20					<input type="checkbox"/> Yes <input type="checkbox"/> No
21					<input type="checkbox"/> Yes <input type="checkbox"/> No
22					<input type="checkbox"/> Yes <input type="checkbox"/> No
23					<input type="checkbox"/> Yes <input type="checkbox"/> No
24					<input type="checkbox"/> Yes <input type="checkbox"/> No
25					<input type="checkbox"/> Yes <input type="checkbox"/> No

I HEREBY CERTIFY I HAVE READ THIS DOCUMENT AND THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE. I ALSO CERTIFY THE INFORMATION PROVIDED HERE CAN BE SUBSTANTIATED BY BUSINESS RECORDS MAINTAINED BY ME. UPON REQUEST, I AGREE TO PROVIDE THE DOCUMENTATION REQUESTED BY BCBSTX VERIFYING PARTICIPATION AND ELIGIBILITY REQUIREMENTS. I UNDERSTAND PROVIDING INCOMPLETE, INACCURATE, OR UNTIMELY INFORMATION MAY VOID, REDUCE OR TERMINATE THE GROUPS COVERAGE.

\_\_\_\_\_  
Signature of Authorized Company Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Company Official

\_\_\_\_\_  
Signature of Agent

BCBSTX does reserve the right to randomly request documents verifying the above information. In addition, we reserve the right to reverify employment information at any time during the course of your contract with us.