



GROUP UNDERWRITING ROSTER PAYROLL REGISTER
(See Back for Instructions)

HEALTH PLAN

A. Person Completing This Form: _____

B. Phone Number: _____

C. Group Name (Full Legal Name) _____

D. MHP Group Number _____

E. MHP Group ID/Subgroup ID _____

F. MHP Agent Name (if applicable) _____

1 List All Employees (Include COBRA and Retirees)	2 Date of Birth (MMDDYYYY)	3 Enrollment Status Code (see below)	4 Gender Male/Female	5 Contract Type Code (see below)			6 Title or Job Description MUST Be Completed	7 Avg. No. of Hours Worked Per Week	8 Date of Hire (MMDDYY)
				Code	Retiree	COBRA			
EXAMPLE: Christopher Smith	08/24/1967	1	M	3			Accountant	40	12/01/98
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2.									
3.									
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11.									
12.									

Number of Eligible Employees in Michigan _____

Number of Eligible Employees outside of Michigan _____

Total Number of Eligible Employees _____

Enrollment Status Codes	Total
1= Enrolling in MHP	_____
2= Employee covered on another group health program through spouse, another employer, previous employer, previous employer retirement plan, parent, etc.	_____
3= Employee waived all group coverage	_____
4= Employee ineligible for coverage (I.e. part-time, etc.)	_____
5= Employee covered under another contract in this group	_____
6= Employee chose another group health program offered by this employer	_____

Contract Type Codes - Enter codes 1 through 5. Additionally, if contract is Retiree or COBRA place a check in the appropriate column		Total
1= One Person Contract	_____	_____
2= Two Person Contract	_____	_____
3= Family Contract	_____	_____
4= Mixed (regular and Medicare Primary)	_____	_____
5= Comp - Medicare Primary	_____	_____

IMPORTANT: THIS AREA MUST BE SIGNED BY CHIEF EXECUTIVE/OWNER (Must be original signature)

I certify this information is complete and accurate. MHP has the right to a confidential audit of our payroll records to verify this information.

Signature of Chief Executive/Owner _____

Printed Name _____ Date _____

INSTRUCTIONS

The Group Underwriting Roster Payroll Register form(s) are required for New Business along with a copy of the corresponding quote(s). The pre-populated fields on the Group Underwriting Roster reflect data provided at the time of the quote.
Blank fields must be completed prior to enrollment.

A. & B. Please list your name and phone number at the top of this form. MHP Underwriting may need to contact you.
C. Indicate the full legal name of the Group.
D. & E. Indicate your MHP group/ID numbers as requested.
F. Indicated your MHP Agent (if applicable)

Refer to your current payroll records to complete the following (fields are numbered for your convenience):

1. List all employee's names that are currently on the payroll regardless of number of hours worked (include part-time, temporary, retirees and COBRA)
2. Indicated date of birth - Month, Day and 4-digit Year
3. Indicate Enrollment Status Code:
 1. Enrolling in MHP
 2. Employee covered on another group health program through spouse, another employer, previous employer, previous employer retirement plan, parent, etc.
 3. Employee waived all group coverage
 4. Employee ineligible for coverage (part-time, temporary, seasonal, etc.)
 5. Employee covered by other contract in this group
 6. Employee chose another group health program offered by this employer
4. Indicate gender: M = Male; F = Female
5. Indicate Contract Type Code
 1. One person contract
 2. Two person contract
 3. Family contract
 4. Mixed (regular and Medicare primary)
 5. Comp - Medicare primary
6. Enter title or job description
7. Indicate average number of hours worked per week
8. Indicate date of hire - Month, Day and 2-digit year

Note: If more than 12 employees, attach the additional page.

Eligible employee definition: Full-time employees with a normal workweek of 30 or more hours. As a part of the total number of eligible employees, you may choose to include those working 17.5 to 30 hours as long as the eligibility criterion is applied uniformly without regard to health status-related factors.

Indicate the number of eligible employees in Michigan - eligible employees working at a corporate location within the State of Michigan.

Indicate the number of eligible employees outside of Michigan - eligible employees working at a corporate location in a state other than Michigan.

Total number of eligible employees: Add eligible in Michigan and eligible outside Michigan to get this total.

GROUP UNDERWRITING ROSTER PAYROLL REGISTER (cont.)

C. Group Name (Full Legal Name)

D. MHP Group Number

E. MHP Group ID/Subgroup ID

1 List All Employees (Include COBRA and Retirees)	2 Date of Birth (MMDDYYYY)	3 Enrollment Status Code (see below)	4 Gender Male/Female	5 Contract Type Code (see below)			6 Title or Job Description MUST Be Completed	7 Avg. No. of Hours Worked Per Week	8 Date of Hire (MMDDYY)
				Code	Retiree	COBRA			
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