New/Renewing Group Late Submission Form

IMPORTANT: This form is required for new groups, as well as renewing groups, submitted after the 15th of the month for coverage effective the first day of the following month. Complete information is required on the GMA and enrollment forms in order to process enrollment. Upon receipt of group number and member IDs, AIMS will provide, via email, temporary ID cards for print and distribution.

Ultimately, our goal is to provide the highest level of satisfaction to producers, employers and their employees. We appreciate that you have chosen AIMS as your third party administrator and look forward to partnering with you to bring you and your members’ exceptional health benefits and member support services.

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| --- | --- | --- | --- |
| **Requested Effective Date** | **Month** | **Date** | **Year** |
| **Company Name** | | | |
| **Company Address** | | | |
| **City, State, ZIP** | | | |
| **Phone** | | **Fax** | |
| **Email Address** | | | |

I ACKNOWLEDGE that our group has submitted its materials late and understand this may cause a delay in ID cards and eligibility for benefits. I acknowledge that eligible employees and their dependents may be required to pay out-of-pocket for covered services until eligibility is updated. In the event an eligible employee or eligible dependent pays out-of-pocket for covered services, I acknowledge it is the responsibility of that employee or dependent to submit the request for reimbursement to the carrier(s).

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| --- | --- | --- |
| **Name** | **Title** | |
| **Signature** | | **Date**(MM./.DD./.YYY) |
| **Producer Name** | **Title** | |
| **Producer Signature** | | **Date**(MM./.DD./.YYY) |
| **Email Address** | | |