

IAC Rapid Application for Group Advantage Plans

Instructions

Enter the information requested below on each employee waiving/decling coverage. When complete, save & print this form. Include it with the Employer application.

Group Name: _____

	<u>Employees Applying for Coverage</u> <u>Provide full first and last names</u>	<u>Telephone Number</u>	<u>SSN</u>
Example	Jane Sample	800-555-5555	999-99-9999
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____

Include any notes or special requests for the RapidApp Specialist conducting the interview: