



New Group Enrollment Form

Group Administrator Name – Bar Association of Erie County

Member Group Name

Member Physical Address

Member Mailing Address

Member Telephone _____

Contact Person _____

Employer Federal ID No. if applicable _____ **Member of Group since** ___/___/___

The following requirements apply: The purpose of this documentation is to assure the group has a legitimate existence and was not formed solely for the purpose of seeking insurance.

To be eligible for enrollment, the following requirements must be met. The applicant must:

- 1. Submit their **membership information above to attest to active membership within the Group.**
- 2. **Erie County Bar Members are current and up to date on their dues.** The appropriate documentation must be attached to this submission.

By signing below the group certifies that they meet the eligibility requirements to be enrolled.

I certify that the above information is true and accurate to the best of my knowledge. I understand that enrollment is subject to underwriting guidelines and the Group Health Care contract. I understand that annual audits will be done to ensure compliance with these guidelines, which may require us to provide verification of our being a legitimate member of the Group.

Member's Signature

Date