HRINJ LATE SUBMISSION FORM

Dear Producer:

This acknowledgement must be completed, signed and submitted to Health Republic Insurance of New Jersey's Small Group Underwriting Department along with their completed group enrollment paperwork and first month's premium if the group department will be receiving the group application and enrollment forms **less than** five days prior to the requested effective date. You must inform the Group Administrator that their group's application and coverage will take up to 10 business days to process once received.

As a condition of our acceptance of this application, given its late submission, please review the following statement and have the group administrator sign in the space provided.

As the group administrator of _______(the "Group"), I certify that the Group agrees and acknowledges that it is requesting a coverage effective date that will result in Health Republic Insurance of New Jersey receiving the group's application and paperwork less than five business days prior to the requested coverage effective date. If our request for insurance and requested effective date are approved, we acknowledge that delivery of our identification cards and system activation may occur after our effective date.

The submission of this form is not a guarantee of late acceptance of the group's application.

Group Name: _____

Requested Effective Date: _____

Group Administrators Name: _____

Signature: _____

Date: _____

Please submit this form with your completed group enrollment paperwork and payment:

- Fax: 201.308.8605
- Mail: 570 Broad Street, Suite 1100, Newark, NJ 07102

Thank you for your cooperation!

HRINJ New Business Processing Unit