

Employer : _____

Med-Gap Fund

Eligibility

Management / Salaried: _____ of the month following _____ days of employment. Date of Hire

Hourly: _____ of the month following _____ days of employment. Date of Hire

Other: _____ of the month following _____ days of employment. Date of Hire

Define Full-Time Employment: _____

Notes: _____

Major Medical Plan Design:

Carrier or TPA: _____

Annual Deductible: _____ Co-Insurance Level: _____

Out of Pocket Max (Excluding Deductible): _____

Physicians Office Co-Pay: _____

Annual Prescription Deductible: _____ Prescription Co-Pay: _____

Any Other Deductibles or Co-Pays: _____

Med-Gap Fund Plan Design:

Annual Maximum Benefit: _____

Annual Deductible: _____ Co-Insurance Level: _____

Out of Pocket Max (Excluding Deductible): _____