



TAGCO MET RETIREE MEDICAL AND RX PLANS CASE SUBMISSION DOCUMENT

1. Plan Selected:

TAGCO MET EmployerDirect Plans

- Plan 3139 (01) M Plan 3139 (01) V
- Plan 3733 (01) M Plan 3864 (01) V
- Plan 3847 (01) M Plan 3865 (01) V
- Plan 3848 (01) M Plan 3866 (01) V

TAGCO MET Standard Plus Plans

- Plan 3222 MD
- Plan 3221 M
- Plan 3221 V

TAGCO MET Standard Plans

- Plan 3733
- Plan 3734
- Plan 3735
- Plan 3736

Medicare Part D PDP Option***

- TAGCO MET CVS Silverscripts Employer PDP**
- TAGCO MET Express Scripts Employer PDP**

* All medical plans are fully Insured and underwritten by Hartford Life and Accident Insurance Company
 ** All TAGCO MET Medicare Part D Options are NOT underwritten by Hartford Life and Accident Insurance Company
 *** Employer FIN required for Medicare Part D PDP Option

2. Complete Group Name _____

3 Federal Tax ID # _____

4. Complete Group Address _____
Address City ST Zip

5. Group Mailing Address _____
Address City ST Zip

6. Group Phone _____ Group Fax _____

7. Group Contact Person _____ Email Address _____

8. Requested Effective Date _____

9. Employer Contribution Percentages/Amount:
_____ for retiree coverage _____ for dependent coverage _____ for surviving spouse coverage

10. Commission payable to:

Agent/Agency Name _____

Agent/Agency Tax ID or SSN _____

Mailing Address _____
Address City ST Zip

Agent/Agency Phone _____ Agent/Agency Fax _____

11. Writing Agent Name _____

12. Writing Agent Email _____

To Request a TAGCO MET Proposal, provide the following information to Tom Geib at tgeib@tagcoassociates.com

- Employer Name
- Number of Retirees
- Number of Spouses
- Plan Selected
- Employer contribution or dollar amount

Case Submission Requirements Checklist:

- This completed form;
- The check for the first month's premium and administrative fees;
- If a Mandatory Plan, a letter from the Employer stating the employer's premium contribution percentage(s)/ amount;
- An Employer signed TAGCO MET Participation Agreement;
- If a Voluntary Plan, a TAGCO MET Enrollment Form(s) (one (1) per participating retiree);
- A complete census In Excel Format for the group with the following information for each participant:
 - First Name
 - Last Name
 - Street Address
 - City
 - ST
 - Zip
 - Date of Birth
 - Social Security Number
 - Medicare HIC Number
 - Indicate whether individual is an employee or dependent

G.A.C. will invoice the Client for the first month's premium

Mail to:

Group Administrative Concepts, Inc.
Post Office Box 24420
Tampa, Florida 33623-4420

Email: a copy of the Case Submission Form to Tom Geib at tgeib@tagcoassociates.com