

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