



Case Submission Form

TAGCO
ASSOCIATES, LP
TAGCO Multiple Employer Trust



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