

Group Information

Group Name: _____

Current plan year start date: _____ End Date: _____

Health Plan: _____ Health Plan Effective Date: _____

**Will Horizon be taking over administrative services upon renewal or in the middle of the plan year?
Please complete Takeover at renewal date section or Takeover at mid-year section:**

Takeover at New Plan Year

Please select the administrator that will be processing the run-out claims for the previous plan year.

The prior administrator. Continue to Prior Administrator Information Section.

Horizon:

Run-out Period Yes No Months: _____

*Rollover Yes No Months: _____

*If Rollover was applicable, please ensure the ending balances transferred to Horizon includes the final roll over balances.

Please note: There will be a black out period between when the data is received and when SA will begin to process claims.

Takeover at midyear

What is the last date the prior administrator will process claims? _____

What is the date that the enrollment data and balances will be submitted to Horizon? _____

Horizon will begin processing claims on: _____

Please note: There will be a black out period between when the data is received and when SA will begin to process claims. The plan will be set up according to the plan design guide submitted to Horizon.

Prior Administrator Information

Please provide us with the prior administrator's name, address and phone number below:

Name: _____

Address: _____

Street

City

State

Zip

Phone Number: () _____

This information will only be used to provide information to your employees.

Group Signature

Group Contact's Signature _____

Group Administration Specialist _____ Date _____

Special Notes:

Questions? Call Group Leader Services at 1-888-215-0025.

Send via secured email only:
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