

Requested Effective Date	Anniversary Date	New Hire Waiting Period
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Plan Name: _____	Deductible* CY <input type="checkbox"/> PY <input type="checkbox"/>	Rate Tier Type Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Other <input type="checkbox"/>	RX Copays: _____	Chiro Copays: _____
Plan Name: _____	Deductible* CY <input type="checkbox"/> PY <input type="checkbox"/>	Rate Tier Type Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Other <input type="checkbox"/>	RX Copays: _____	Chiro Copays: _____
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Plan Name: _____	Deductible* CY <input type="checkbox"/> PY <input type="checkbox"/>	Rate Tier Type Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Other <input type="checkbox"/>	RX Copays: _____	Chiro Copays: _____

* Please verify with your sales representative which plans offer calendar year or policy year deductibles.

BROKER OF RECORD ASSIGNMENT

The group designates the broker named below as Broker of Record to obtain and receive information from HNE on the group's behalf and to receive commissions which may become payable upon acceptance of this application by HNE.

BROKER NAME	COMPANY	PHONE
ADDRESS	CITY	STATE
ZIP		

FOR INTERNAL USE ONLY

Division Number	BP	Rate	Medical	RX Rider	Chiro	EAP

Broker Assigned by:		Broker SAC Code:		Date:	
# of Eligible Employees	# of Employees Enrolling	Retirees (Age 65+ with Med A&B)	# of COBRA Enrolling		
Approved by:	Date:	Entered by:	Date:	New Business Rep:	

S/10UWIKON