

Employer Application

Total Number of Group Employees: enter number of group employees				
Requested Effective Date: enter date (month / day / year) (Effective date on first of month)	First Renewal Date: enter date (month / day / year)	Mercer Marketplace Toll Free Number () -		
EMPLOYER INFORMATION				
1. Legal Name of Employer: enter employer name		2. Tax ID# (please include W-9 form): enter tax ID#		
3. Physical address: enter physical address	City: enter city	County: enter county	State: enter state	Zip Code: enter zip
4. Billing Address (if different from above): enter billing address		City: enter city	State: enter state	Zip Code: enter zip
5. Name of Group Administrator: enter group administrator	Telephone Number: () -	Fax Number: () -		
6. Nature of Business: enter name of business				
7. Mercer Premium Billing: Yes No				
8. Number of California Employees: number of employees (California law requires special management of services provided to California residents)				
9. Divisions/Subsidiaries/Affiliates to be Covered (attach list, if necessary): Yes No				
Name: _____ enter name _____		Relationship: _____ enter relationship _____		
Address: _____ enter address _____		E-mail Address: _____ enter e-mail _____		
City: _____ enter city _____	State: _____ enter state _____	Zip Code: _____ enter zip _____		
PRIMARY WORKPLACE LOCATIONS				
List primary workplace city locations with 100 or more employees (attach list, if necessary): enter primary workplace city locations				
EMPLOYEE ELIGIBILITY				
All employees (and their household members) are covered, regardless of their health or ancillary products participation.				
EAP SERVICE LEVEL OPTIONS				
MODEL OPTIONS: (select one)		Note: Premiums are based on a Per Member Per Month Fee		
Telephonic & 5 Session Model				
Telephonic & 8 Session Model				

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Total Number of Group Employees: <input type="text" value="enter number of group employees"/>	
ADDITIONAL CUSTOM WORKLIFE SERVICE OPTIONS	
MODEL OPTIONS: <i>(select one)</i> Note: Premiums are based on a Per Member Per Month Fee	
WorkLife Concierge	

OPTIONAL SERVICES	
MODEL OPTIONS: <i>(select one)</i> Note: Premiums are based on a Per Member Per Month Fee	
Lactation Services	
Daily Living with Transaction	
GCM/CareCoach	
EAP On-site	
WorkLife On-site	
International Services	
* All Models include Enhanced WorkLife, Legal/Financial Services and Web-based resource Achieve Solutions.	

PREMIUMS	
Per Employee Per Month Fee	Click here to enter text

CERTIFICATIONS	
STATEMENT OF UNDERSTANDING: Insured Groups Only <i>(all sizes)</i>:	
By signing below, I certify that I am the authorized signer on behalf of the Group and that all information provided is complete and accurate. I further understand that submission of this application and requisite fees constitutes an offer and a binding contract upon acceptance, as applicable, by Mercer Marketplace.	
Authorized Signature <i>(for the Group)</i> _____	Date: <input type="text" value="enter date"/> MM/DD/YYYY
Print Name: <input type="text" value="enter name"/>	Title: <input type="text" value="enter title"/>

MERCER MARKETPLACE CONTACT INFORMATION	
Name (print): <input type="text" value="enter name"/>	E-mail Address: <input type="text" value="enter e-mail"/>
Telephone Number: <input type="text" value="enter telephone number"/>	Mailing Address: <input type="text" value="enter mailing address"/>
City: <input type="text" value="enter city"/>	State: <input type="text" value="enter state"/> Zip Code: <input type="text" value="enter zip"/>
Signature: _____	

Please email completed form to your Mercer consultant