



Contingency Agreement Start-Up Companies / PEO Spin-Off Groups

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This agreement must be submitted along with the original group submission to Underwriting@SeeChangeHealth.com. **Processing Time Specifications** per our Small Group Underwriting guidelines still apply.

Start-Up Companies

I, hereby attest that _____ (name of group)

is a bona fide start-up company with an established business start date of _____ (insert date of establishment).
(MM/DD/YYYY)

I agree that if SeeChange Health approves and offers health coverage for my group, it will be strictly on a contingency basis that I provide the most recent 30 days of the complete company payroll records for all employees within 45 days of the effective date.

I understand that SeeChange Health reserves the right to rescind coverage if this payroll is NOT provided within the time frame specified, or it does not meet SeeChange Health criteria for enrollment eligibility.

By signing below, I agree to the above conditions of enrollment in addition to all other terms, limitation and conditions of the group policy.

Print Name of Company Officer	Signature of Company Officer
Title of Company Officer	Date

PEO Spin-Off Groups

I certify that the company has severed all ties with their PEO effective _____.
(MM/DD/YYYY)

In order to obtain group health coverage from SeeChange Health, I will honor the contingency of providing the most recent 30 days of the complete payroll records under the company's tax ID number for all employees, within 45 days of the effective date. Additionally, we will provide a copy of the termination letter of PEO services and the final PEO invoice.

I understand that SeeChange Health reserves the right to rescind coverage if this payroll records and documentation are NOT provided within the time frame specified, or it does not meet SeeChange Health criteria for enrollment eligibility.

By signing below, I agree to the above conditions of enrollment in addition to all other terms, limitation and conditions of the group policy.

Print Name of Company Officer	Signature of Company Officer
Title of Company Officer	Date