



PBT Insurance Program
Sales Office *

A wholly owned subsidiary of ISMIE Mutual Insurance Company

Thank you for your interest in the **Resurrection Health Care Physicians' Health Insurance Initiative** offered through the Physicians' Benefits Trust Life Insurance Company (PBTLIC).

In order to expedite the underwriting process, it is extremely important that all of the following forms be completed in their entirety by each of your employees prior to submitting them. Enclosed you will find:

1. The Employer Application and Agreement

- This form should be completed by you as the group's administrator. It serves to confirm important information such as: the desired plan choices to be offered to your physicians and employees, and required waiting periods for new employees to be eligible for benefits.
- It is important to include your **Illinois Employer's Contribution and Wage Report (UI-3)**. This form is necessary to confirm your status as an employer group and the employees eligible under your plan.

2. Group Health Benefits Program Application and Change of Coverage Form

- Each of your eligible physicians and employees must complete this form. This includes those that are declining coverage through the PBT plan. These individuals must complete the Waiver of Coverage section and submit the form.
- Employees enrolling in the plan must ensure that the Employee Application is filled out completely including all requested dependant information.

3. Health History Questionnaire

- This form must be completed by EACH insured, including dependants. For example, if an employee is enrolling with family coverage, the employee, spouse and each of their dependants would be required to complete a Health History Questionnaire. (Employee, spouse and 2 child dependants would = 4 Health History Questionnaires.)
- This form is relatively short, but includes several questions which require a box to be checked. Please take care to answer each question and provide details to any yes responses.

4. Resurrection Affiliation Verification Form

This form must be completed and sent in along with the above documents; authorized signature will be added upon receipt and verification.

Before submitting your application/enrollment packet, please confirm that each of your physicians and employees completed their application in its entirety and that all forms are **signed on the designated signature lines**. Please make a copy for your records, and fax (630-982-8146) and mail your original completed forms to Steve Guarino at 1096 Chadwick Court, Aurora., IL 60502.

Please be aware that underwriting will not begin processing your application unless all forms are received in good order.

Sincerely,

Steve Guarino