



COMPASS HEALTH CONSULTANTS

ENROLLMENT AGREEMENT

groupquotes@chcquotes.com

Compass Health Consultants

5055 Hwy N,
Cottleville, MO 63304

Company Name: _____

Telephone: _____

Email: _____

Requested Effective Date _____

Clients Initial _____

Late Enrollments: (If enrollment documents are received after the 15th of the month)

Acknowledging medical ID cards will be mailed 7 to 10 days after the installation date. This means, the medical ID cards will be received after the effective date.

Please note medical coverage on the effective date selected for installation.

The group will be responsible for the full month's premium, even with receiving the medical ID cards late. Each employee is covered on the effective date selected for installation.

CANCELLATION AND REFUND POLICY: Clients Initial _____

If the client decides to change the effective date after the enrollment has been submitted, you are aware that you have forfeited the locked-in rates presented. Final rates are based on the final enrollment and provided employer information at the enrollment. Changing the effective date could change the rates.

Effective Date Changes: This request must be made before the group submits their installation enrollment documents.

Refund Policy: We can't guarantee a refund from the carrier for any cancellation due to an effective date change.



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THE CLIENT UNDERSTANDS: Clients Initial _____

1. Enrollment submitted after the 15th of the month, you are acknowledging that medical ID cards will be mailed out 7 to 10 days after installation. This means the medical ID cards will be received after the effective date.
2. If the clients decides to change the effective date after the enrollment has been submitted, you know you have forfeited the locked-in rates presented. Final rates are based on the final enrollment and provided employer information at the enrollment. Changing the effective date could change the rates.
3. The group will be responsible for the full month's premium, even with receiving the medical ID cards late. Each employee is covered on the effective date selected for installation.

CLIENT ACKNOWLEDGEMENTS: Clients Initial _____

1. I hereby acknowledge and understand the late enrollment policy, which contains information on the terms.
2. Also, I have carefully and received an exact copy of this enrollment agreement.

CONTRACT ACCEPTANCE:

I have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the agent and the agency.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities regarding this contract.

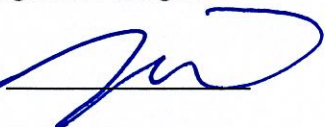
Signed on this _____ day of _____ 20_____

Signature of Client

Date

Signature of Agent

Date

By: 

Date: _____