

Administration of Extended Benefits

X	M	W	IN	S
CONN	ECT /	ADMINI	STRAT	rors

Print Name

Legal Name of Company:					
Trading as:					
Is this a current account with Amwins? ☐YE	s 🗆 NO				
If YES – Amwins Connect Account Number:					
Requested Effective Date of Administration):				
Section 2: REQUIRED – Emp					
Administration of extended benefits is the 50% of the typical business days in the benefit program. Each part time employ the part time employee worked divided 40 hours, an employee working 20 hour	previous calendar year regard yee counts as a fraction of an by the hours an employee mu is is counted as ½ an employe	dless of whether the employee, with the st work to be cons	ey are cu fraction idered ful	rrently enroll equal to the	ed in you number o
Federal COBRA applies to groupsState Extension applies to groups		S.			
Indicate the total number of employe	es in vour company (as defi	ned above):			
maioato trio total numbor of employe	company (ao aon				
Section 3: Employees/Depen			on donto	for which you	. oro rogu
Please complete the information below Amwins Connect Administrators send n	for any recently terminated otices to offer extended cover	employees or dep age. If none, plea	se indicat	te "NONE". A	
Please complete the information below Amwins Connect Administrators send n Administrators will not issue notices to e	of for any recently terminated otices to offer extended cover employees terminated prior to complete the control of the contro	employees or dep age. If none, plea our administration e	se indicateffective d	te "NONE". A	Covera Termina
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Please complete the information below Amwins Connect Administrators send n Administrators will not issue notices to e Employee/Dependent Name	of for any recently terminated otices to offer extended cover imployees terminated prior to construct the street Address	employees or dep age. If none, plea our administration e	se indicateffective d	te "NONE". A	Covera Termina
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) Phone #

) Fax #