

Note: This form can be filled in electronically. Use the TAB button to move to the next field in the form.

REQUEST FOR COVERAGE GENIUS BENEFITS EXCHANGE

Internal Use Only
Sales Rep:

Client Information		
Client Name:		<input type="checkbox"/> Association <input type="checkbox"/> Employer
Client Address:		
# Locations:	EIN/TAXID:	Website:
Primary Contact Name and Title:		Already Contracted with Genius Avenue: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Fax:	Email:
Additional Contact Name and Title:		
Phone:	Fax:	Email:
Eligibility (Class):	Desired Date:	Number of Eligible:

Genius Benefits Exchange Products		
Health Benefits <input type="checkbox"/> Health Insurance <input type="checkbox"/> HealthAssist <input type="checkbox"/> HealthSelect <input type="checkbox"/> Nationwide Dental and Vision <input type="checkbox"/> Young & Healthy <input type="checkbox"/> MDLive – Telemedicine <input type="checkbox"/> Critical Illness <input type="checkbox"/> LifeLine Screening:	Protection Benefits <input type="checkbox"/> NGL Life Insurance <input type="checkbox"/> LifeLock Identity Theft <input type="checkbox"/> Travel Insurance <input type="checkbox"/> Hartville - Pet Insurance	Savings <input type="checkbox"/> Genius Perks <input type="checkbox"/> Health Savings Card <input type="checkbox"/> Retail Benefits <input type="checkbox"/> Pet Genius
Desired URL Name for Client Web Portal: http:// _____ .geniusbenefits.com		
Note: Email your logo to gbx@geniusavenue.com <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		

Acknowledgement and Agreement	
<p><i>BY SIGNING BELOW: The Client understands and agrees that the requested program services to be offered will not be made available until this completed form is reviewed, approved, and signed by Genius Avenue. Client understands that the programs to be offered are exclusive to the Administrative Services Agreement. Client must sign the Administrative Services Agreement prior to soliciting plans. Client will cooperate with Genius Avenue to promote Genius Benefits Exchange including but not limited to providing email addresses of the eligible population for enrollment confirmation and marketing of the Genius Benefits Exchange plans by Genius Avenue.</i></p>	
<input type="checkbox"/> I AGREE	
Signature:	Title:
Print Name:	Date:

**PLEASE RETURN COMPLETED FORM TO YOUR GENIUS AVENUE REPRESENTATIVE OR TO:
gbx@geniusavenue.com | FAX 602.687.7844**