

# AmeriHealth New Jersey SEH Group Application Addendum

APPLY

AmeriHealth New Jersey  
259 Prospect Plains Rd, Building M  
Cranbury, NJ 08512

For AmeriHealth New Jersey use only  
AmeriHealth Insurance Company of New Jersey | AmeriHealth HMO, Inc  
Group Number: \_\_\_\_\_

1. Is the group signing up to offer an HSA account to employees through Bancorp?  Yes  No

**HSA Enrollment Addendum Forms are required for each subscriber.**

2. Is the group enrolling in an AmeriHealth New Jersey Defined Contribution Model plan through MyAHNJ?  Yes  No

Health Plan Package Number: \_\_\_\_\_

3. Are any of the Class Carveouts applicable to the group?  Yes  No **If yes, identify the applicable class and plan below:**

Management vs. Non Management

\_\_\_\_\_ vs. \_\_\_\_\_

Salary vs. Hourly

\_\_\_\_\_ vs. \_\_\_\_\_

Full Time vs. Part Time

\_\_\_\_\_ vs. \_\_\_\_\_

Union vs. Non-Union

\_\_\_\_\_ vs. \_\_\_\_\_

Owners vs. Non Owners

\_\_\_\_\_ vs. \_\_\_\_\_

NJ EE's vs. Out of State EE's

\_\_\_\_\_ vs. \_\_\_\_\_

4. Is the group paying with Binder Checks? **If yes, identify below:**

### Binder Check Breakout

**If more than one plan is being selected, identify the plan design and corresponding dollar amount from the binder check:**

Plan \_\_\_\_\_ \$ \_\_\_\_\_

Plan \_\_\_\_\_ \$ \_\_\_\_\_

Plan \_\_\_\_\_ \$ \_\_\_\_\_

Plan \_\_\_\_\_ \$ \_\_\_\_\_

Total \_\_\_\_\_

Check Number \_\_\_\_\_