



WMI MUTUAL INSURANCE COMPANY

PO Box 572450 Salt Lake City, Utah 84157-2450
(801) 263-8000 (800) 748-5340 Fax: (801) 263-1247

EMPLOYER RENEWAL QUESTIONNAIRE

Please complete and return this form by fax or mail to the WMI Enrollment Department.

General Information

Date

Company Name Contact Person/Title

Address City State ZIP

Phone Fax E-mail address

Employee Classification Information

The following employee classification(s) is/are eligible to participate in the company's group health plan:

Waiting Period for New Employees\*: 0 days 30 days 60 days 90 calendar days (see note)

\*Note: If a waiting period of 60 days or less is selected, coverage will be effective on the first day of the month following the satisfaction of the waiting period. If a 90-day waiting period is selected, coverage will be effective on the first day of the month preceding the satisfaction of the 90-day waiting period, coverage will be effective for the entire month, and premium will be due for the entire month. Any waiting period change will become effective on the employer's next renewal date.

Employees are required to work a minimum of hours per to be eligible for group insurance.

Total number of employees of all related companies: Full-time: Part-time: Seasonal:

Total number of employees eligible to participate in the company's group health insurance plan:

Total number of employees participating in the company's group health insurance plan:

Total number of eligible employees NOT participating in the company's group health insurance plan:

Reason(s) for waiving coverage:

\* WMI requires that companies with 2-5 eligible employees enroll 100% of eligible employees; companies with 6-9 employees must enroll at least 80% of all eligible employees; and companies with 10+ employees must enroll at least 75% of all eligible employees. An eligible employee is one who satisfies the eligibility criteria for WMI and the employer, works a minimum of 80 hours per month (or more if required under the employer's eligibility criteria), and does not carry other major medical insurance coverage.

Employer Premium Contribution Information (NOTE: The plan sponsor must notify WMI within thirty (30) days of any reduction to the employer premium contribution amount.)

Employee Premium: The employer pays % and the employee pays % (total must equal 100%).

Dependent Premium: The employer pays % and the employee pays % (total must equal 100%).

Signature

I hereby certify that the information provided herein is true and complete to the best of my knowledge.

Signature of Authorized Company Representative

Title

Date