



Employee Application for Premium Discount Program

Please submit the application and a copy of your tax form to Human Resources

email: HRBenefits@bronsonhq.org or fax: 269.341.8409

EMPLOYEE/APPLICANT INFORMATION	
Employee Name:	Employee ID Number:
Street Address:	
City, State and Zip:	
Daytime Phone #:	Email:
Applying for Calendar Year:	

Certification and Signature

I hereby certify that I meet the family income and family size guidelines established by Bronson Healthcare Group.

I certify that I am eligible to receive a Premium Discount Program offered to employees by Bronson Healthcare Group.

I understand that any misrepresentation of material fact (or false information provided) as part of this certification is subject to disciplinary action, up to and including termination of employment.

I understand that if I am approved for the Premium Discount Program, it will be effective as of the date approved and will stay in effect only until the final pay in April of the following plan year, or an earlier date if I:

- Leave employment prior to December 31st,
- Am no longer in a category of employees eligible for medical coverage (COBRA coverage will apply at standard COBRA premium rates).

Furthermore, I understand that Bronson Healthcare Group reserves the right to modify or terminate this policy at any time, including revision of the annual incomes required for eligibility. This application is not an employment contract. It is not intended to be a guarantee of future employment. Any dispute over the Premium Discount Program is subject to final ruling by the Human Resources Department. If you have any questions, please contact Human Resources at (269)341-6376.

Signature: _____ Date: _____

TO BE COMPLETED BY HUMAN RESOURCES	
<input type="checkbox"/>	The employee meets the criteria and qualifies for the following Premium Discount Program based on the associate's submitted certification and supporting documentation, for the referenced Calendar year: _____ _____ 25% Discount _____ 50% Discount
<input type="checkbox"/>	The employee does NOT qualify for the Premium Discount Program for the referenced Calendar Year: _____
Reviewed by Human Resources:	
Signature: _____	Date: _____