

## ***GROUP APPLICATION CHECKLIST***

Complete application must be received by CAHP by the 20th day of the preceding month prior to the effective date of enrollment.  
Group 10+ Enrolled Subscribers (Minimum 25% Participation)

- ◇ **GROUP APPLICATION AND CERTIFICATION**
- ◇ **GROUP ENROLLMENT & STATUS CHANGE FORMS**  
(Employees declining coverage for self and dependents must also complete and sign the *Group Enrollment & Status Change Form*, indicating in the appropriate section that they are waiving coverage.)
- ◇ **UCT-6** (Most Recent Quarter)
- ◇ **CHECK** made payable to Care Access Health Plan

CARE ACCESS HEALTH PLAN  
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