



Total Health Care USA, Inc. Late Group Submission / Letter of Acknowledgment

SEND CORRESPONDENCE TO:

EMAIL: _____

FAX: _____

Date: _____

Dear: _____

Thank you for selecting Total Health Care USA, Inc.!

We received your Group Application on _____ with a requested effective date of _____. This is outside of our standard 15-day required time for new group submission.

At Total Health Care USA, Inc., we strive to ensure that our customers receive a quality health care experience. We will work as quickly as possible to process your request; however, your group may not receive identification cards by your Plan effective date. Physicians and pharmacists may be unable to verify benefits, and Members or their dependents may experience out-of-pocket expenses.

To ensure you and your employees understand the potential delays they may encounter, please sign and return this Letter of Acknowledgment.

If you have any questions or need additional information, please don't hesitate to contact your Agent or Total Health Care USA, Inc.'s Marketing Department at (313) 871-7888.

Sincerely,

Underwriting Department

Employer Group Administrator: _____ (Printed) Email Address: _____ (Printed)

(Signature) Title: _____ (Printed) _____ (Date)

By submitting an application outside of Total Health Care USA, Inc.'s 15-day processing period:

- I understand that Members or their dependents may not receive their identification cards prior to the effective date of coverage, or in some instances up to 7-10 business days after the effective date.
- I understand that physicians and pharmacists may be unable to verify benefits. As a result, Members or their dependents may experience out-of-pocket expenses.
- I understand that I must return this signed Letter of Acknowledgment as well as notify all employees of these limitations.