



## LATE SUBMISSION ACKNOWLEDGEMENT

Group Name: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

We are hereby applying for coverage within AGC Health Benefit Trust – Washington Chapter as of the effective date noted above. The Trust has requested materials be returned by the 15<sup>th</sup> of the month. We were unable to meet this deadline; however, we still wish to implement coverage with AGC Health Benefit Trust.

We, therefore, understand that by providing this material after your stated date that eligibility may be delayed. This could manifest itself in provider disruption for employees, including inability to obtain prescription drugs at the benefits communicated, and non-emergent procedures being delayed or disrupted while our benefits and employee data is loaded into the administrator and carrier systems.

We do understand coverage will be effective as of the date listed above and that the disruptions should not last more than 10 business days from the receipt of enrollment material that is deemed to be complete.

Group Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_