



CHARTER HEALTH PLAN

A big idea for small business

I authorize

Agent representative: _____

Agency: _____

Or

Employer representative: _____

Employer: _____

to assist me in entering my personal health information on the Charter Health Plan online employee application so I may apply for coverage. I understand that the above will only enter information that I provide and that I am responsible for assuring the accuracy of the information whether it is entered by me or by the above as my agent.

Employee signature: _____

Print employee name: _____

Employee user name: _____

Employer group: _____

Date: _____

*Authorization expires 30 days from the above date.

March 2013