



CONNECT ADMINISTRATORS

Group Insurance Ineligibility Listing

Employer Name:	
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Amwins Connect Administrators Account # (existing accounts only)
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I hereby certify that the employees listed below are not considered eligible to participate in our group insurance plan and are not being offered the opportunity to enroll.

Employee Name	Social Security #	Reason Ineligible*

*Indicate one of the following reasons:
 1=Part Time 2=In Company Waiting Period 3=Terminated 4=Spousal Coverage

 Employer Signature

 Date