



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.

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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