

# hy Group Enrollment Agreement

SUBMISSION TYPE:  New Group  Group Renewal  Change In Group Info

Group Name	Effective Date	# Members	
CITY OF MARICOPA	7.1.2016		
Mailing Address	City	State	Zip Code
39700 W. CIVIC CENTER PLAZA	MARICOPA	AZ	85138

**GROUP ADMINS:** You can perform administrative functions for your group online with up to 2 people designated as administrators. Administrators have full access to add/change/terminate employees, view or modify non-medical member data and view invoice statuses.

First Name of Primary Administrator	Last Name of Primary Administrator
ARIANA	COTA
Administrator E-mail Address	Administrator Phone Number
ARIANA.COTA@MARICOPA-AZ.GOV	520-316-6807
First Name of Second Administrator	Last Name of Second Administrator
KATHLEEN	HAGGERTY
Second Administrator's E-mail Address	Second Administrator's Phone Number
KATHLEEN.HAGGERTY@MARICOPA-AZ.GOV	520-316-6806

**AUTHORIZED AGENT/TPA:**  By checking here you allow the Authorized Agent/TPA to perform Employee Administrative Functions including adding/changing/terminating employees, updating/changing employee information, and/or requesting policy change/cancellations.

First Name of Authorized Agent/TPA	Last Name of Authorized Agent/TPA
Authorized Agent/TPA E-mail Address	Authorized Agent/TPA Phone Number

### BROKER/AGENT:

First Name of Broker/Agent	Last Name of Broker/Agent
REBECCA	CHANG
Broker/Agent E-mail Address	Broker/Agent Phone Number
RCHANG@maloneygroup.com	480-812-5634

**AUTHORIZATION:** By completing the payment information below, I hereby authorize HealthiestYou, bill.com, or other third party billing vendor working on behalf of HealthiestYou, to process payments from the account that I designate. I agree to receive my invoices electronically from HealthiestYou.

Method of Payment  ACH (Auto-check)  Visa  Mastercard  American Express  Discover  Check by Mail

Credit Card #	Expiration Date	CVV Code		
ACH - Bank Routing #	ACH - Account #			
Name on Card/Account	Billing Address	City	State	Zip Code

**AGREEMENT:** You agree to provide us with updates to your group through your administrator portal, or by sending a monthly census file, or by setting up electronic data transfer. Unless otherwise agreed upon, you will collect membership fees from your participating employees/members and forward to us when due. We will invoice electronically each month and provide a reasonable review period for your monthly charges. The terms and conditions of service, HIPAA and member privacy statements are available online. The terms and conditions of this agreement shall remain in effect for the period of 12 months, and are subject to annual review.

Name of Signer	Title
GREGORY E. ROSE	CITY MANAGER
Signer's Email Address	Signer's Phone Number

X

Signature

Date

**INSTRUCTIONS:** Simply fill out, sign and email this form back to [enrollment@healthiestyou.com](mailto:enrollment@healthiestyou.com) and call us 480.779.4360 with any questions. Easy.