



Phone 610-604-4500 • Fax 610-604-4922

*Once you have made your 2010 benefit decision please complete
and return this sheet by fax to TAI at 610-604-4922.
Please respond by November 9, 2009.*

2010 Product Confirmation

This is to confirm that I have received the 2010 health insurance renewal rates for my company,

_____,
and that we have decided to remain on our current health insurance program(s).

By signing this document you are representing yourself as duly authorized by your company to make the benefit decisions for the business. TAI reserves the right to proceed legally against any fraudulent approval, and you remain legally bound by all terms and conditions of the agreement with the insurer.

Name _____ Date _____

Signature _____

Title _____

Email _____

TAI cannot assume responsibility for any changes in product offerings, carrier initiated rate changes, rate errors by the carrier, carrier initiated deadlines, changes in deadlines or underwriting decisions. The carrier is solely responsible for determination of dates for increases. The carrier has the right to correct errors in rates even after distribution. We make every effort to verify and/or correct any carrier rates. Subscribers are responsible for paying the correct premium. When an error is determined, the corrected rate must be paid by the subscriber retroactive to the initial date on which that premium should apply unless otherwise stipulated by the carrier.