GCA MEWA MEDICAL PROGRAM

ENROLLMENT APPLICATION

July 1, 2026 – June 30, 2027

FOR QUALIFIED GCA MEMBER COMPANIES ONLY

The rates are pending approval by the State Insurance Division and could change.

To expedite your enrollment, please complete all sections and send to:

Manageability LLC
643 Ilalo Street, Suite 204
Honolulu, HI 96813
Tel: (808) 664-0844 x 808 Fax: (808) 664-0844
Email: administrator@gcamewa.com
Web: www.gcamewa.com

Application is hereby made to the **GCA MEWA** to enroll eligible employees of our Company and their dependents under the **GCA MEWA**, with coverage to include the following options as checked off above:

Number of Employees to be Covered: * _____

☐ Preferred Provider Plan (PPP) ☐ Health Plan Hawaii Plus (HPH)

☐ Include Vision Plan for all eligible employees

☐ Include Dental Plan for all eligible employees

*** As part of the HMSA agreement with GCA of Hawaii, HMSA requires 100% of all eligible non-union employees be enrolled in one of the plans listed above. Company Representative signature below certifies that Company meets this HMSA requirement.**

Please ☑ ONE of the following:

☐ Our Company is currently covered by the existing GCA MEWA HMSA Plan

☐ Our Company is currently covered by another HMSA Plan (Group # _____)

☐ Our Company is NOT currently covered by an HMSA Plan

State of HI Unemployment Insurance ID #:	Federal Employer ID #:	
Company:		
Mailing Address:		
Email:	Tel:	Fax:
Name of Authorized Company Representative:		
Title of the Above Representative:		
Signature of Authorized Company Representative:		