



Employer Notice of Election (Group Application)

*Required information

A. YOUR COMPANY

Full Name of Company*

Doing Business As (DBA) Name

Federal Tax ID Number*

Date Company Founded (MM/DD/YYYY)*

Organization Type:*

"C" Corp
 Church

"S" Corp
 Limited Liability Corporation

Partnership/LLP

Non-Profit

Sole Proprietorship

SIC Code*

SIC lookup here <https://siccode.com/sic-code-lookup-directory>

Primary Contact Name*

Primary Contact Phone Number/Ext.*

Primary Contact Email*

Street Address (No P.O. Boxes)*

Suite

City/State/Zip*

County or Borough*

Fax Number

Billing Contact Name*

Billing Contact Phone/Ext.

Billing Contact Email

Billing Street Address (if different)

Billing Suite

City/State/Zip

B. ELIGIBILITY AND ENROLLMENT

Total Number of Employees (Full and Part-Time) on Payroll* _____

Total Number of Full-Time Equivalent Employees* _____ (Refer to our Eligibility Guidelines, page 1, for the definition of a Full-Time Equivalent)

Number of Eligible Employees* _____

Are you currently offering group health insurance?*

Yes

No

If yes, name of Current Medical Carrier* _____

Waive New Hire Waiting Period at Initial Open Enrollment Yes

No

Waiting Period (Coverage Begins on the 1st of the Month Following)*

0 Months

1 Month

2 Months

How many hours per week must employees work to be eligible for coverage?* _____ (Must be between 20 and 40 hours)

Are any former employees currently covered under COBRA?*

Yes

No

If yes, how many?* _____

Are any former employees currently covered under NY State Continuation (NYSC)?*

Yes

No

If yes, how many?* _____

Number of Enrollments with HealthPass* _____

Number of Eligible Employees who have Other Health Coverage* _____

Number of Employees covered by Collective Bargaining Agreement* _____

Do you have any commonly owned businesses (Single Employer with common ownership - IRS section 414, subsection (b), (c), (m), or (o))*? Yes No

If offering Anthem PPO/EPO and Blue Access Plans my group will have at least 10 employees enrolled in a HealthPass medical plan and I will contribute a minimum of \$750/per month per employee.* I Agree

Pay Frequency*

Weekly (52 Contributions)

Bi-Weekly (26 Contributions)

Semi-Monthly (24 Contributions)

Monthly (12 Contributions)

C. YOUR BENEFITS WITH HEALTHPASS

Are you interested in offering FSA & Commuter Benefits to your employees?* (If no, skip to COBRA questions.) Yes No

Initial Enrollment only. If your group is already enrolled in the product, do not reselect it here. Renew directly with OCA.

Pay Frequency (FSA & Commuter Benefits)*

Weekly (52 Contributions)

Bi-Weekly (26 Contributions)

Semi-Monthly (24 Contributions)

Monthly (12 Contributions)

1st FSA Payroll Processing Date* (MM/DD/YYYY) ____/____/____

COBRA

COBRA/NYSC Administration Services? (included service):* I would like to participate

I would like to opt out

COBRA (Federal) or NYSC (State):*

Federal (20 or more employees)

State (19 or fewer employees)

Requested Benefits Effective Date* _____ (Must be 1st of the month only)

NYS-45 or applicable tax documents for the most recent quarter attached* (Refer to our Eligibility Guidelines, page 3, for list of acceptable tax documents)

Tax docs must be notated with the following only: FT (full-time) PT (part-time) U (union) T (termed) S (seasonal)

D. BROKER AND GA INFORMATION

Broker commission splits must total 100%

Pay Commission To Broker Name _____ Broker ID# _____ % _____

Broker Name _____ Broker ID# _____ % _____

General Agency Name (if applicable) _____ GA ID# _____

General Agency Representative Name _____

E. MEDICAL AND ANCILLARY PLAN OFFERINGS

Participation Requirements:

All Plans Portfolio - for groups domiciled in Manhattan, Brooklyn, Queens, Staten Island, Bronx, Westchester, Rockland, Nassau & Suffolk

Anthem (Connection only), EmblemHealth (all) and Oxford (Metro only) Plans

HealthPass Participation Requirements: 20% of the total eligible employees must enroll with a HealthPass medical plan. 75% of the eligible employees must either enroll in HealthPass or submit a valid waiver.

Additional Participation Requirements:

To include Anthem PPO/EPO and Blue Access Plans:

PPO/EPO and Blue Access Requirements: can be made available to groups with 10 or more enrolling in any medical plan offered through HealthPass with a \$750 minimum monthly employer contribution per employee.

If the group does not meet the PPO/EPO and/or Blue Access Requirements at open enrollment: employees who selected PPO/EPO and/or Blue Access plans will need to select alternative plans or they will be mapped into Connection plans within the same selected metal tier. If the member's group is located in a county where Connection plans are not available, enrollment will be pended until an alternative plan is selected by the member.

By offering these plans, the employer attests they are meeting the required monthly contribution per employee stated above.

To include Oxford Freedom and Liberty Plans:

Liberty/Freedom Participation Requirement: 60% of the total eligible employees, after valid waivers, must enroll in a combination of Freedom, Liberty and/or Metro plans.

If the group does not meet the Liberty/Freedom Participation Requirement at open enrollment: the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Freedom and/or Liberty plans must select an alternative plan through HealthPass. If an alternative plan is not selected, the Freedom and/or Liberty plan enrollees will be mapped into Metro plans within the same selected metal tier.

Long Island Easy Par Packages - for groups domiciled in Nassau and Suffolk

HealthPass Participation Requirements: 20% of the total eligible employees must enroll with a HealthPass medical plan. 75% of the eligible employees must either enroll in HealthPass or submit a valid waiver.

Mid-Hudson Plans Portfolio - for groups domiciled in Orange, Putnam, Dutchess, Ulster, Sullivan & Delaware

No Participation Requirements apply to Mid-Hudson groups.

- Select one:
- I would like to offer the All Plans Portfolio (medical plans) - complete Page 3
 - I would like to offer a Long Island Easy Par Package (medical plans) - complete Page 4
 - I would like to offer the Mid-Hudson Plans Portfolio (medical plans) - complete Page 5

All Plans Portfolio - for groups domiciled in Manhattan, Brooklyn, Queens, Staten Island, Bronx, Westchester, Rockland, Nassau & Suffolk

Choose the medical plans you would like to offer to your employees for the upcoming policy year. You may choose to offer all plans or a select number of plans, though it is recommended to allow employees access to the full portfolio. At every policy renewal you must re-establish the medical plans to offer or all plans will be made available.

Anthem Connection Plans

Connection plans - employees can live/work/reside anywhere in the US.[†]
 Connection Gated (G) plans - employees must live/reside in the 9-county service area.[†]

<input type="checkbox"/> Connection Platinum EPO 20/40	<input type="checkbox"/> Connection Gold EPO 25/50 <input type="checkbox"/> Connection Gold EPO 50/60 <input type="checkbox"/> Connection Gold EPO 30/65 G	<input type="checkbox"/> Connection Silver EPO 40/80 <input type="checkbox"/> Connection Silver EPO 40/80 G	N/A
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Anthem PPO/EPO and Blue Access Plans

If the group does not meet the PPO/EPO and/or Blue Access Requirements at open enrollment: employees who selected PPO/EPO and/or Blue Access plans will need to select alternative plans or they will be mapped into Connection plans within the same selected metal tier. If the member's group is located in a county where Connection plans are not available, enrollment will be pended until an alternative plan is selected by the member.

PPO/EPO & Blue Access plans - employees can live/work/reside anywhere in the US.^{††}
 PPO/EPO & Blue Access Gated (G) plans - employees can live/reside in the 28-county service area.^{††}

<input type="checkbox"/> Platinum EPO 5/25	<input type="checkbox"/> Gold EPO 30/65 G <input type="checkbox"/> Blue Access Gold EPO 50/60 <input type="checkbox"/> Blue Access Gold EPO 30/65 G	<input type="checkbox"/> Silver EPO 40/80 <input type="checkbox"/> Silver EPO 40/80 G <input type="checkbox"/> Silver EPO HSA 4100 <input type="checkbox"/> Blue Access Silver EPO 35/75 <input type="checkbox"/> Blue Access Silver EPO 40/80 G <input type="checkbox"/> Blue Access Silver EPO HSA 3300	N/A
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EmblemHealth Plans

Select Care plans - employees must live/work/reside in NY.

<input type="checkbox"/> Select Care Platinum Premier	<input type="checkbox"/> Select Care Gold Premier	<input type="checkbox"/> Select Care Silver Premier <input type="checkbox"/> Select Care Silver HSA	<input type="checkbox"/> Select Care Bronze HSA <input type="checkbox"/> Select Care Bronze Premier
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Oxford Metro Plans

Metro plans - employees must live/work in NY and NJ.[^]

N/A	<input type="checkbox"/> Metro Gold EPO 25/40 <input type="checkbox"/> Metro Gold EPO 25/40 G	<input type="checkbox"/> Metro Silver EPO 50/100 ZD <input type="checkbox"/> Metro Silver EPO 30/80	<input type="checkbox"/> Metro Bronze HSA 7250 G
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Oxford Freedom and Liberty Plans

If the group does not meet the Liberty/Freedom Participation Requirement at open enrollment: the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Freedom and/or Liberty plans must select an alternative plan through HealthPass. If an alternative plan is not selected, the Freedom and/or Liberty plan enrollees will be mapped into Metro plans within the same selected metal tier.

Liberty plans - employees can live anywhere in the continental US.^{^^}
 Freedom plans - employees can live anywhere in the continental US.^{^^^}

<input type="checkbox"/> Freedom Platinum EPO	<input type="checkbox"/> Freedom Gold HSA 1650 <input type="checkbox"/> Liberty Gold EPO 25/50 ZD <input type="checkbox"/> Liberty Gold EPO 30/60/1250 <input type="checkbox"/> Liberty Gold EPO 30/60/1800	<input type="checkbox"/> Liberty Silver EPO 50/100 ZD <input type="checkbox"/> Liberty Silver EPO 40/80 <input type="checkbox"/> Liberty Silver EPO 30/60 <input type="checkbox"/> Liberty Silver HSA 4000 PR	<input type="checkbox"/> Liberty Bronze HSA 5750
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G = Gated, PR = Premium Rewards, ZD = Zero Deductible

[†]Anthem Connection service area consists of five boroughs, Nassau, Suffolk, Westchester and Rockland counties. No network access in Orange, Putnam, Dutchess, Ulster, Sullivan, Delaware, Clinton, Essex, Albany, Columbia, Fulton, Green, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties (other New York areas and national access BlueCard Network).

^{††}Anthem PPO/EPO & Blue Access service area consists of five boroughs, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster, Sullivan, Delaware, Clinton, Essex, Albany, Columbia, Fulton, Green, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties (other New York areas and national access BlueCard Network).

[^]Oxford Metro service area consists of five boroughs, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster and Sullivan counties.

^{^^}Oxford Liberty service area consists of five boroughs, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster and Sullivan counties (other New York areas and national access Core Network).

^{^^^}Oxford Freedom service area consists of five boroughs, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster and Sullivan counties (other New York areas and national access Choice Plus Network).

Long Island Easy Par Packages - for groups domiciled in Nassau and Suffolk. Choose the Long Island Easy Par Package (medical plans) you would like to offer to your employees for the upcoming policy year. Your group may choose one package to offer.

HealthPass Participation Requirements: 20% of the total eligible employees must enroll with a HealthPass medical plan. 75% of the eligible employees must either enroll in HealthPass or submit a valid waiver.

Connection plans - employees can live/work/reside anywhere in the US.[†]

Connection Gated (G) plans - employees must live/reside in the 9-county service area.[†]

Liberty plans - employees can live anywhere in the continental US.^{^^}

Freedom plans - employees can live anywhere in the continental US.^{^^^}

Package 1 (all non-gated plans)

Oxford Freedom Platinum EPO
Oxford Liberty Gold EPO 25/50 ZD
Anthem Connection Silver EPO 40/80

Package 1G (includes 1 gated plan)

Oxford Freedom Platinum EPO
Oxford Liberty Gold EPO 25/50 ZD
Anthem Connection Silver EPO 40/80 G

Package 2 (all non-gated plans)

Oxford Freedom Platinum EPO
Oxford Liberty Gold EPO 30/60/1250
Anthem Connection Silver EPO 40/80

Package 2G (includes 1 gated plan)

Oxford Freedom Platinum EPO
Oxford Liberty Gold EPO 30/60/1250
Anthem Connection Silver EPO 40/80 G

Package 3 (all non-gated plans)

Oxford Freedom Platinum EPO
Oxford Liberty Gold EPO 30/60/1800
Anthem Connection Silver EPO 40/80

Package 3G (includes 1 gated plan)

Oxford Freedom Platinum EPO
Oxford Liberty Gold EPO 30/60/1800
Anthem Connection Silver EPO 40/80 G

Package 4 (all non-gated plans)

Oxford Freedom Platinum EPO
Oxford Freedom Gold HSA 1650
Anthem Connection Silver EPO 40/80

Package 4G (includes 1 gated plan)

Oxford Freedom Platinum EPO
Oxford Freedom Gold HSA 1650
Anthem Connection Silver EPO 40/80 G

G = Gated, ZD = Zero Deductible

[†]Anthem Connection service area consists of five boroughs, Nassau, Suffolk, Westchester and Rockland counties. No network access in Orange, Putnam, Dutchess, Ulster, Sullivan, Delaware, Clinton, Essex, Albany, Columbia, Fulton, Green, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties (other New York areas and national access BlueCard Network).

[^]Oxford Metro service area consists of five boroughs, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster and Sullivan counties.

^{^^}Oxford Liberty service area consists of five boroughs, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster and Sullivan counties (other New York areas and national access Core Network).

^{^^^}Oxford Freedom service area consists of five boroughs, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster and Sullivan counties (other New York areas and national access Choice Plus Network).

Mid-Hudson Plans Portfolio - for groups domiciled in Orange, Putnam, Dutchess, Ulster, Sullivan & Delaware

Choose the medical plans you would like to offer to your employees for the upcoming policy year. You may choose to offer all plans or a select number of plans, though it is recommended to allow employees access to the full portfolio. At every policy renewal you must re-establish the medical plans to offer or all plans will be made available.

No Participation Requirements

Anthem PPO/EPO and Blue Access Plans

PPO/EPO & Blue Access plans - employees can live/work/reside anywhere in the US.[†]
 PPO/EPO & Blue Access Gated (G) plans - employees can live/reside in the 28-county service area.[†]

<input type="checkbox"/> Platinum EPO 5/25	<input type="checkbox"/> Gold EPO 30/65 G <input type="checkbox"/> Blue Access Gold EPO 50/60 <input type="checkbox"/> Blue Access Gold EPO 30/65 G	<input type="checkbox"/> Silver EPO 40/80 <input type="checkbox"/> Silver EPO 40/80 G <input type="checkbox"/> Silver EPO HSA 4100 <input type="checkbox"/> Blue Access Silver EPO 35/75 <input type="checkbox"/> Blue Access Silver EPO 40/80 G <input type="checkbox"/> Blue Access Silver EPO HSA 3300	N/A
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EmblemHealth Plans

Select Care plans - employees must live/work/reside in NY.

<input type="checkbox"/> Select Care Platinum Premier	<input type="checkbox"/> Select Care Gold Premier	<input type="checkbox"/> Select Care Silver Premier <input type="checkbox"/> Select Care Silver HSA	<input type="checkbox"/> Select Care Bronze HSA <input type="checkbox"/> Select Care Bronze Premier
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UnitedHealthcare Plans

Choice plans – employees can live anywhere in the continental US.

<input type="checkbox"/> Choice Platinum EPO 15/25 DY-LR <input type="checkbox"/> Choice Platinum EPO 10/25 DY-LJ <input type="checkbox"/> Choice Platinum EPO 10/80 DY-MB	<input type="checkbox"/> Choice Gold EPO 40/60 DY-LQ <input type="checkbox"/> Choice Gold EPO 15/100 DY-MD <input type="checkbox"/> Choice Gold EPO 30/60 DY-LV <input type="checkbox"/> Choice Gold EPO 15/30 DY-LK <input type="checkbox"/> Choice Gold EPO 40/70 DY-LS <input type="checkbox"/> Choice Gold HSA 1800 DY-LM PR	<input type="checkbox"/> Choice Silver EPO 15/100 DY-MF <input type="checkbox"/> Choice Silver HSA 3200 DY-LN PR <input type="checkbox"/> Choice Silver HSA 2750 DY-L7 <input type="checkbox"/> Choice Silver EPO 30/75 DY-LL	N/A
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G = Gated, PR = Premium Rewards

[†]Anthem PPO/EPO & Blue Access service area consists of five boroughs, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Dutchess, Ulster, Sullivan, Delaware, Clinton, Essex, Albany, Columbia, Fulton, Green, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties (other New York areas and national access BlueCard Network).

Dental Packages

Choose either Package 1 - No Participation Requirements Apply or Package 2 - Participation Requirements Apply

If you choose not to offer dental at this time, current and future employees will be unable to enroll until your next open enrollment. At every policy renewal you will be able to re-establish the plans to offer.

Dental Package 1 - No Participation Requirements Apply

- | | |
|---|--|
| <input type="checkbox"/> Guardian Managed DentalGuard DHMO | <input type="checkbox"/> Solstice Dental PPO |
| <input type="checkbox"/> Guardian Managed DentalGuard DHMO Plus | <input type="checkbox"/> Solstice Dental Value PPO MAC |
| <input type="checkbox"/> Solstice Dental EPO S700B | <input type="checkbox"/> UnitedHealthcare National Exclusive Network |
| <input type="checkbox"/> Solstice Dental EPO S800B | |

Dental Package 2 - Participation Requirements Apply

Participation Requirements – In order for an employee to enroll in a Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian dental plan. In order for an employee to enroll in either the UnitedHealthcare INO or a UnitedHealthcare PPO plan, there needs to be at least one additional enrollee in any UnitedHealthcare dental plan.

- | | |
|--|--|
| <input type="checkbox"/> Guardian Managed DentalGuard DHMO | <input type="checkbox"/> Solstice Dental PPO |
| <input type="checkbox"/> Guardian Managed DentalGuard DHMO Plus | <input type="checkbox"/> Solstice Dental Value PPO MAC |
| <input type="checkbox"/> Guardian DentalGuard Preferred PPO MAC | <input type="checkbox"/> UnitedHealthcare National Exclusive Network |
| <input type="checkbox"/> Guardian DentalGuard Preferred PPO 70 UCR | <input type="checkbox"/> UnitedHealthcare INO 100/50/50 |
| <input type="checkbox"/> Guardian DentalGuard Preferred PPO 90 UCR | <input type="checkbox"/> UnitedHealthcare Low PPO MAC |
| <input type="checkbox"/> Solstice Dental EPO S700B | <input type="checkbox"/> UnitedHealthcare High PPO MAC |
| <input type="checkbox"/> Solstice Dental EPO S800B | |

Not Interested

Vision Plans

Choose if you would like to offer Vision Plans to your employees for the upcoming policy year. If you choose not to offer vision at this time, current and future employees will be unable to enroll until your next open enrollment. At every policy renewal you will be able to re-establish the plans to offer. Check off the plan(s) to be offered:

- Guardian VisionGuard Solstice Vision 5 PPO UnitedHealthcare Vision PPO Not Interested

OCA FSA & Commuter Benefits

Choose if you would like to offer FSA & Commuter Benefits to your employees for the upcoming policy year. If you choose not to offer FSA & Commuter Benefits at this time, current and future employees will be unable to enroll until your next open enrollment. OCA FSA & Commuter Benefits are processed through HealthPass during the initial enrollment into OCA products (OCA will reach out to you directly to complete the enrollment in these plans). At every policy renewal thereafter, enrollment will be handled directly through OCA. If you are a group renewing these products, you will receive an email from OCA with the actions that need to be taken. If you haven't received this email, reach out to OCA at 855-622-0777 or service@oca125.com.

Select any of the plans you wish to offer:

OCA FSA & Commuter Benefits: \$8.00 PEPM (per enrolled per month) is billed directly to the employer by OCA for each enrolled employee. Only (1) fee is charged per employee even if enrolled in multiple plans. Check off the plan(s) to be offered:

- Healthcare Flexible Spending Account (FSA)** Select Yearly Amount Plan: FSA \$1,000 Max FSA \$2,000 Max FSA \$3,300 IRS Max
- Dependent Care Account (DCA) FSA** Yearly Maximum Amount: \$5,000
- Parking Plan** Monthly Maximum Amount: \$325
- Transit Plan** Monthly Maximum Amount: \$325
- Not Interested

An OCA representative will reach out to you directly to complete the enrollment in these plans.

Life/AD&D Plans

Choose if you would like to offer a group Term Life/AD&D Plan to your employees for the upcoming policy year. These plans are employee non-contributory and require a 100% participation. If you choose not to offer a Life/AD&D Plan at this time, current and future employees will be unable to enroll until your next open enrollment. At every policy renewal you will be able to re-establish the plans to offer.

Employer Paid Life/AD&D 50K Employer Paid Life/AD&D 100K Not Interested

Life Plans

Choose if you would like to offer group Term Life Plans to your employees for the upcoming policy year. If you choose not to offer Life Plans at this time, current and future employees will be unable to enroll until your next open enrollment. At every policy renewal you will be able to re-establish the plans to offer. 15% participation requirement.

Voluntary Life 25K Only Voluntary Life 50K Only Dual Option (both) Not Interested

Disability/Life/AD&D Plans

Choose if you would like to offer Disability/Life/AD&D Plans to your employees for the upcoming policy year. If you choose not to offer Disability/Life/AD&D Plans at this time, current and future employees will be unable to enroll until your next open enrollment. At every policy renewal you will be able to re-establish the plans to offer.

EverGuard Only EverGuard Plus Only Dual Option (both) Not Interested

Accident Plan

Choose if you would like to offer an Accident Plan to your employees for the upcoming policy year. If you choose not to offer an Accident Plan at this time, current and future employees will be unable to enroll until your next open enrollment. At every policy renewal you will be able to re-establish the plan to offer.

Guardian AccidentGuard Adv Not Interested

Beyond Med Plan

Choose if you would like to offer the Beyond Med Plan to your employees for the upcoming policy year. If you choose not to offer the Beyond Med Plan at this time, current and future employees will be unable to enroll until your next open enrollment. At every policy renewal you will be able to re-establish the plan to offer.

This is a discount plan (not insurance).

Beyond Med Not Interested

ID Theft Plans

Choose if you would like to offer ID Theft Plans to your employees for the upcoming policy year. If you choose not to offer them at this time, current and future employees will be unable to enroll until your next open enrollment. At every policy renewal you will be able re-establish the plans to offer. Check off the provider and plan(s) to be offered:

Allstate Identity Protection

Allstate Identity Protection

Allstate Identity Protection Pro Plus

LifeLock

LifeLock Benefit Elite Plus

LifeLock Benefit Elite Premium

Not Interested

Pet Plan

Choose if you would like to offer a Pet Plan to your employees for the upcoming policy year. If you choose not to offer a Pet Plan at this time, current and future employees will be unable to enroll until your next open enrollment. At every policy renewal you will be able to re-establish the plan to offer.

This is a discount plan bundle from Pet Benefit Solutions and includes Pet Assure, Pet Plus, AskVet and The PetTag (not insurance).

Total Pet Plan Not Interested

Defined Contribution - determine how to apply your monthly contributions:

No Contribution

Lump Sum \$ _____ Additional funds will rollover into any selected ancillary plans.

Contribute Per Plan Type (by percent or flat dollar):

Medical _____

Dental _____

Vision _____

Contribute by Coverage Tier (by percent or flat dollar):

Medical EE Only _____ EE/Sp _____ EE Child(ren) _____ Family _____

Dental EE Only _____ EE/Sp _____ EE Child(ren) _____ Family _____

Vision EE Only _____ EE/Sp _____ EE Child(ren) _____ Family _____

F. BANK INFORMATION

An electronic payment or business check, payable to HealthPass, for the full amount due must accompany this application. Applications submitted with less than the total premium due or with personal checks will not be processed.

Initial Payment (Select One)

Please use electronic funds transfer (EFT) for my initial premium payment with HealthPass.* (Must attach a copy of a voided business check)

I have remitted a physical check with my application. Yes No

Are COBRA member premiums included in the initial payment? Yes No

● Mail your payment to: HealthPass, PO Box 22049, New York, NY 10087-1749

● Payments sent via UPS, FedEx or other courier, please use the following address:

JP Morgan Chase - Lockbox Processing, HealthPass New York – 22049, 4 Chase Metrotech Center, 7th Floor East, Brooklyn, NY 11245

Recurring Payments (Select One)

Please use electronic funds transfer (EFT) for my monthly premium payment.* (Must attach a copy of a voided business check)

Please bill me monthly.

I would like to enroll in paperless billing. If enrolling in paperless billing we must have an active Primary Contact Email address on file.

If EFT is selected, I hereby authorize HealthPass to initiate electronic funds transfer (EFT) from my account for the payment of my monthly premium. I understand the debit transaction will occur the 1st of the month or the 1st business day following. For new business a one-time payment for the total premium is processed at the time of activation. In the event that I make changes to my banking arrangements, I understand that I must notify HealthPass to effect the changes for payment collection. All changes must be reported 20 days prior to the effective date of the change by calling HealthPass at 888-313-7277.

*The HealthPass Merchant ID is 131575. Check with your financial institution as you may need to provide this ID in order for payments to be processed successfully.

G. EMPLOYER CERTIFICATION

I agree and attest that:

My business will offer HealthPass medical coverage to every eligible full-time employee and age, sex or health status cannot be used to determine employee eligibility.

An eligible employee must be defined as one that works no less than 20 hours per week and my business must have at least one (1) such eligible employee.

Part-time employees (working less than 20 hours per week), temporary employees, employees working outside of the US, household help, and retirees are not eligible for coverage through HealthPass. Other exclusions may apply.

The group meets HealthPass participation requirements (see page 2)

The group meets all HealthPass carrier enrollment and coverage requirements (see pages 3-5)

This application has been completed with accurate information and has in no way has any information been misrepresented, falsely provided, or reinforced by false documentation that has been presented. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or state department of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material here to, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation plus the amount of the claim on individuals who commit fraudulent insurance acts. Additionally, the State has the right to levy a civil fine of up to \$1,000 for possession of a fraudulent health insurance identification card and up to \$5,000 for each additional card possessed.

H. MEDICARE SECONDARY PAYER

The Medicare Secondary Payer (MSP) provisions apply to situations when Medicare is not the primary payer. If your company has employed 20 or more employees in the current or preceding year, Medicare is almost always secondary. In the case where an employer has 19 or fewer employees and is part of a multi-employer group health plan (e.g. HealthPass) then Medicare is by default the primary payer to the group health plan (GHP). Participating employers with HealthPass that certify they have 19 or fewer employees, and have enrolled employees aged 65 or older, must file for the MSP Small Employer Exception Certification. The exception means the employer is not held to the MSP rules governing multi-employer group health plans and Medicare will be the primary payer of Medicare Part A/B claims for any employee that is a working-aged Medicare beneficiary. For the purposes of this calculation both full-time and part-time employees are counted toward the 20 employee threshold. Self-employed individuals participating in a GHP are not counted as employees for purposes of determining if the 20 or more employee requirement is met. The 20 or more employee requirement is met if the employer employed 20 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding year. Note that the 20 weeks do not have to be consecutive. An employer is considered to have 20 or more employees for each working day of a particular week if the employer has at least 20 full and/or part-time employees on its employment payroll each working day of that week.

Group size per Medicare standards:* _____

If your answer is 20 or more, no further action needs to be taken. If your answer is 19 or fewer, and you have at least one enrolling employee age 65+, you must complete and sign the MSP Small Employer Exception Certification (<https://healthpass.com/wp-content/uploads/2024/11/HealthPass-Small-Employer-Exception-Form.pdf>) and submit it with this application.

I. PROGRAM BENEFITS

HealthPass Advocacy: All members with medical coverage through HealthPass have access to additional support with navigating many healthcare related issues, including understanding claims and accessing providers.

Section 125 POP Kit: All groups enrolled with HealthPass have access to a Section 125 Premium Only Plan (POP) Kit which enables employees to make pre-tax contributions to their healthcare rates. Employers must request their POP Kit within 90 days of initial enrollment by visiting <https://healthpass.com/extra-products-and-services/>.

HealthPass COBRA Administration Services: All groups have access to COBRA/NYSC Administration Services unless opted out by Employer in Section C. The service includes notification of former employees of their rights upon termination and the collection of payments from employees who elect to continue their coverage with their former employer. Employer understands it is responsible to timely and accurately perform all of their responsibilities by providing participant information. HealthPass COBRA Administration Services will terminate if (i) mandatory termination occurs due to non-payment or Employer otherwise ceases to offer medical insurance via HealthPass; (ii) Employer does not comply with the information or; (iii) Employer elects to cease to offer HealthPass COBRA Administration Services by declining such services in Section C of this form or otherwise in writing at any time. Employer agrees to indemnify HealthPass and all personnel involved in the provision of COBRA Administration Services.

J. FEE DISCLOSURE

Program Fees: All medical rates include \$5.95 for HealthPass Program Benefits (non-carrier/agent services) and a 2.9% billing and administrative fee.

- Dental In-Network plans: EE \$3.50, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$5.00
- Dental PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$18.25, Family \$26.50
- Vision plans: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00
- Guardian Employer Paid Life/AD&D plans: \$3.00 Per Employee Per Month (PEPM)
- Guardian Voluntary Life plans: EE \$2.00, EE/Spouse \$3.00, EE+Child(ren) \$3.00, Family \$4.50
- Guardian EverGuard & EverGuard Plus plans: \$7.50 Per Employee Per Month (PEPM)
- Guardian AccidentGuard Adv plan: EE \$3.50, EE/Spouse \$4.50, EE+Child(ren) \$4.50, Family \$6.50
- ID Theft plans: EE \$3.00, Family \$5.50
- Pet Benefit Solutions plan: Single Pet \$2.00, Family Pet (2+) \$4.00

K. HEALTHPASS INSURANCE TRUST

The undersigned employer, in order to establish a plan or plans of Group Health Insurance for its employees and their dependents, hereby requests participation in the New York Health Purchasing Alliance, Inc. and/or HealthPass Insurance Trust (the "Trust") which provides health insurance benefits under Group Contracts issued by several health insurers and health maintenance organizations (HMO) to the Trustee of the HealthPass Insurance Trust. If the undersigned employer's participation is approved by the Trustee or the Administrator appointed by the Trustee (the "Administrator"), said employer shall become a Participating Employer (as defined in Trust Agreement) as of the effective date endorsed herein by the Trustee or the Administrator. The undersigned employer understands and acknowledges that even if it is approved as a Participating Employer in the HealthPass Insurance Trust, employees and their dependents are not automatically insured, as each must satisfy any eligibility requirements of the Trust and of the applicable Group Contracts. The Participating Employer agrees to make the coverage under Group Contracts available to all of its current and future eligible employees.

The undersigned employer hereby agrees:

- To be bound by all the terms of the Trust Agreement and of the Group Contract(s) as each may be from time to time amended, changed or terminated by the Insurer, HMO or Trustee, copies of which are available from the Trust or the Administrator upon request.
- To furnish any information requested by the Trustee, Administrator or any of the Insurers or HMOs, which is reasonably required for the proper administration of the Trust or of the Group Contract.
- To distribute to its eligible employees any materials provided by or on behalf of the Trustee, Administrator, Health Insurer or HMO describing Trust or the Group Contract.
- That it has no right, title or interest in or to the Trust Fund created under Trust.
- Coverage under any Contract through the Trust shall only apply to the extent provided in the Group Contract issued to the Trust by the insurer or HMO. All claims for benefits must be submitted to the insurer or HMO. Benefits are payable only by the insurer or HMO. The Trust's responsibility is solely to pay premiums to the insurer or HMO. The Trust is not liable for any benefit payments.
- The Trustee does not have any obligation under any of the Group Contracts to automatically insure employer groups should HealthPass not be in receipt of payment by the end of the month of the date due. Full payment must be made to keep all group policies active.

L. EMPLOYER AUTHORIZATION

IN WITNESS hereof, the Employer, by its duly authorized officer, certifies the Employer:

- Meets the eligibility requirements including, but not limited to, the criteria specified in Section G,
- Has completed Sections A, B and H with accurate information and have in no way misrepresented, falsely provided, or reinforced any information with false documentation,
- Authorizes any initial and ongoing payments as specified in Section F,
- Understands and agrees to the requirements of the Program Benefits afforded in Section I and the related fees as enumerated in Section J, and;
- Agrees to the terms set forth in Section K of this form regarding the Trust Participation Agreement.

All enrollment documentation must be fully complete and submitted by the 20th of the month prior for effective coverage for the 1st of the following month. Any enrollment documentation received after the 20th of the month will subject the entire group to delays in coverage activation up to 10-12 business days.

Print Name _____

Date _____

Authorized Signature _____

Title _____

**For more valued HealthPass Products & Services visit
<https://healthpass.com/extra-products-and-services/> to find out more and enroll.**