PREMERA | BLUE CROSS

P.O. Box 3048, MS 732
Spokane, WA 99220-3048

Small Group Master Application

Application is made to Premera Blue Cross (hereafter referred to as "we," "us," or "our") for a new Health Care Contract, the provisions of which shall be made available to all eligible classes of employees. Your group can't be enrolled prior to our receipt date of this completed and signed application.

Requested effective date: _____ **Group ID:** _____
(Completed by Premera Blue Cross)

1. GROUP INFORMATION

Legal Name: _____

A.
Common Name or DBA (Required if legal name exceeds 43 characters and spaces)
_____

Physical Address _____

City _____ State _____ ZIP _____ County _____

B.
Mailing Address ☐ Same as physical ☐ Separate Address, complete the below

Street/P.O. _____

City _____ State _____ ZIP _____ County _____

C.
Billing Address ☐ Same as mailing ☐ Same as physical ☐ Separate Address, complete the below

Street/P.O. _____

City _____ State _____ ZIP _____ County _____

D.
Billing Contact Person _____ Title _____

Phone No. _____ Fax No. _____ Email Address _____

E.
Group Contact Person Title

Phone No. _____ Fax No. _____ Email Address _____

F.
Do you use a COBRA Administrator? ☐ No ☐ Yes, complete the below ☐ Same as Billing Address and Contact person

COBRA Administrator Billing Address _____

City _____ State _____ ZIP _____ County _____

COBRA Administrator Contact Person _____ Title _____

Phone No. _____ Fax No. _____ Email Address _____

G.
Employer Identification Number (EIN) _____ NAICS # _____

Washington State Unified Business Identifier (UBI) _____

2. CURRENT COVERAGE INFORMATION

Is this plan intended to replace any existing group coverage?	☐ No, go to next section ☐ Yes, complete this section

Current medical carrier's name: _____

A. Group Number: _____

Termination Date: _____

Current dental carrier's name: _____

B. Group Number: _____

Termination Date: _____

3. GROUP ELIGIBILITY

A small employer is an employer who employed an average of at least 1, but not more than 50 common law employees on business days during the preceding calendar year and who employs at least 1 common law employee on the first day of the current plan year.

In the case of an employer that was not in existence throughout the preceding calendar year, the determination of whether the employer is a small employer will be based on the average number of employees that it's reasonably expected the employer will employ on business days in the current calendar year. Sole proprietors with no common law employees and self-employed individuals aren't eligible to purchase (or renew) small group plans.

A.	Did the group employ an average of 1-50 or fewer employees during the previous calendar year?	☐ Yes ☐ No
B.	Is the company's headquarters located in the State of Washington?	☐ Yes ☐ No If no, there must be a Washington-based employee with signing authority

4. EMPLOYEE ELIGIBILITY REQUIREMENTS

A. Minimum Work Hours and Probationary Period Information

If all of your employees must work the same hours, meet the same probationary period, and will have the same benefits options available to them, complete the information under the **All section** below. Otherwise, complete the applicable sections. **You can have no more than 3 classes.**

Complete the minimum work hours* and probationary period information for each designated class of employee. If you have differentiated your benefit coverage selection by class of employee on your Benefit Coverage Selection Worksheet, those same classes must be represented.

*Employees must work at least 20 hours per week to qualify for health coverage. The group may choose to set the minimum number of work hours per week higher, for employees to be eligible.

☐ All (one class)	☐ Management	☐ Salaried	☐ Hourly	☐ Part-time	☐ Full-time
Minimum hours _____	Minimum hours _____	Minimum hours _____	Minimum hours _____	Minimum hours _____	Minimum hours _____
☐ 1st of the month following:	☐ 1st of the month following:	☐ 1st of the month following:	☐ 1st of the month following:	☐ 1st of the month following:	☐ 1st of the month following:
☐ Date of hire	☐ Date of hire	☐ Date of hire	☐ Date of hire	☐ Date of hire	☐ Date of hire
☐ 30 days	☐ 30 days	☐ 30 days	☐ 30 days	☐ 30 days	☐ 30 days
☐ 60 days	☐ 60 days	☐ 60 days	☐ 60 days	☐ 60 days	☐ 60 days
☐ Exact date of hire	☐ Exact date of hire	☐ Exact date of hire	☐ Exact date of hire	☐ Exact date of hire	☐ Exact date of hire

B. Waive Probationary Period

Do you want to waive the probationary period for all current qualifying employees for this enrollment period?	☐ No ☐ Yes

5. EMPLOYER CONTRIBUTION AND ELIGIBLE EMPLOYEE PARTICIPATION REQUIREMENTS

A. Minimum Contribution/Participation Requirements

Group Size	Employer Contribution for Eligible Employees	Eligible Employee Participation	Employer Contribution for Dependents	Dependent Participation
Medical				
Up to 4 employees	100%	100%	50%	No required level
5 – 50 employees	50%	75%	No required level	No required level
Dental/Non-voluntary				
2 – 4 employees	50%	100%	No required level	Common enrollment with medical
5 – 50 employees	50%	Greater of 5 employees or 50% eligible employees	No required level	Optional
Dental/Voluntary				
5 – 50 employees	0% - 49%	Greater of 5 employees or 30% eligible employees	No required level	Optional

	Medical	Dental
Employer Contribution for eligible employees	%	%
Employer contribution for dependents	%	%

Please note: If a group doesn't meet the requirements above, the group may enroll during the designated open enrollment period.

6. EMPLOYEE ENROLLMENT

		Medical	Dental
A.	Total number of employees on payroll (regardless of hours worked) **Note:** Count each employee in only one category		
B.	Total number of employees not eligible to enroll Employees working less than the minimum number of hours required per week, are in a probationary period, are temporary or seasonal, not in covered class)		
C.	Total number of employees eligible to enroll		
D.	Total number of employees not enrolling due to coverage under other group coverage or a government plan (Medicare, CHAMPUS/Tricare, or Military)		
E.	Eligible employees waiving enrollment without other group coverage (listed above) **Note:** Individual coverage is not a valid waiver		
F.	Total number of eligible employees enrolling Participation level calculated by dividing the total number of employees enrolling (F) by the total number of eligible employees without other group coverage (C-D).		
G.	Do you have eligible employees in Hawaii? **Please note**: Employees who reside in the state of Hawaii are not eligible for coverage.	☐ No	☐ Yes

7. FEDERAL REQUIREMENTS

Helpful Hint: We strongly urge you to consult legal counsel in answering the questions below. The summaries below are not intended to be or to replace legal advice on your particular group. It is the group's responsibility to inform Premera immediately if facts change which would cause the group's answers below to change.

A. Is the group subject to COBRA? ☐ Yes ☐ No. Give the legal reason for exemption: _____

Helpful Hint: Generally, these laws apply to any non-church employer that employed 20 employees or more employees on at least 50% of its working days in the preceding calendar year.

"Employees" include full-time and part-time common law employees. Self-employed workers as defined in IRC §401(c)(1), corporate directors, or independent contractors should not be counted unless they qualify as common-law employees. "Employees" may also include leased employees who qualify as common-law employees. Please see COBRA requirements at 26 CFR § 54.4980B-2 Q/A 5 for guidance on counting a part-time employee as a fraction of a full-time employee.

B. Is the group subject to the federal Medicare Secondary Payer (MSP) laws that prohibit discrimination against individuals with group coverage?

1. ☐ Yes. This plan will pay primary to Medicare as required by federal law ☐ No. Under 20 employees

Please also provide the number of employees who now meet Medicare's definition of "employee" _____

2. **Helpful Hint:** These laws don't apply to any employer who did not employ 20 employees or more for each working day in each of 20 or more calendar weeks in either the current or preceding calendar year. For these small group plans, Medicare pays primary to the group plan.

"Employees" include all full-time and part-time employees as well as those employees on disability and subject to FICA taxes. Also count leased employees if they would be counted as employees under §414(n)(2) of the Internal Revenue Code (IRC), and count employees employed by an "affiliated service group" under IRC §414(m) or by employers considered to be a "single employer" under IRC §52(a) or (b).

C. Is the group subject to the federal Medicare Secondary Payer (MSP) laws that prohibit discrimination against individuals with group coverage based on their (or a family member's) current employment status who have Medicare due to a disability?

1. ☐ Yes. This plan will pay primary to Medicare as required by federal law ☐ No. Under 100 employees

2. Please also provide the number of employees who now meet Medicare's definition of "employee" _____

Helpful Hint: Generally, these laws apply to any employer that employed at least 100 employees on 50% or more of its working days in the preceding calendar year. See question **A** above for a definition of "employee" for this purpose.

D. **Is the group subject to ERISA?**

☐ Yes. Enter the month the ERISA plan year ends Month: _____

☐ No. Give the legal reason for exemption ☐ Government or Public Plan ☐ Church Plan

☐ Other, please specify _____

Helpful Hint: Generally, ERISA applies to all employer health plans except governmental, public, or church plans. Non-profit status alone does not exempt an employer from ERISA.

8. GROUP MATERIALS

Important Note: Benefit booklets are delivered electronically and are available online at premera.com. One copy of the benefit booklet will be sent to the Group Administrator.

9. PRODUCER AGREEMENT TO CONTRACT

You, the producer(s), certify that you have met with the group submitting this agreement and that you have fully explained its contents. You have discussed coverage, eligibility, the effect of misrepresentations, termination provisions, and subscription charge billing administration.

General Agency Affiliation	☐ Connexion Insurance Solutions	☐ ProPoint, LLC	☐ S4 Benefits

Producer Signature	Date
Producer of Record (Print Name)	Producer Number
Email Address	Name of Firm/Agency
Effective Date Producer is Appointed for this Group	

10. GROUP AGREEMENT TO CONTRACT

You, the group named in the **Group Information** section of this application, understand, and agree to the following.

A. **This application becomes part of the contract to provide health care coverage after:**

- The application is signed by you;
- The application is received and approved by us; and
- We receive the initial month's subscription charges

You may not assign this contract without our written consent. Any attempt to do so will not have any binding effect on us. You agree to promptly deliver materials and notifications, including benefit booklets, received from us to all covered employees. You also agree to provide notification regarding the plan's waiting period and special enrollment rights to all eligible employees before their enrollment. You attest to have read this application and certify that all statements are true and complete.

You agree to the terms and obligations stated in this application. It is understood that provisions of the Health Care Contract, including subscription charges, may be amended, or changed from time to time, upon our notice to you. All prior applications, to the extent that you have not made changes to them in this application, remain in full force and effect. The complete application consists of this document and the completed Group Master Application Benefit Selections form.

The producer listed in the **Producer Agreement to Contract** section will remain effective until written notice is given by either party. We are authorized to pay, on your behalf, commission, if any for which you are liable to the above-named producer.

B. You may elect to allow the producer listed above to act as a group benefit administrator beginning on the group's effective date. This means that the producer/administrator will be able to access membership and billing functions and obtain information about group members via the web on behalf of the group.

These functions include, but are not limited to:

- Reinstate terminated members
- Request invoice
- Search for a member
- View benefit detail
- Inquire on invoice
- Inquire on eligibility
- Enroll a member
- Order ID cardr for an individual or whole family
- View group demographic information
- Cancel a member

Do you elect to allow Premera Blue Cross to provide such information described above to the producer? ☐ No ☐ Yes

C. A small employer is an employer who employed an average of at least 1 but not more than 50 common law employees on business days during the preceding calendar year and who employs at least 1 common law employee on their first day of the current plan year.

In the case of an employer that was not in existence throughout the preceding calendar year, the determination of whether the employer is a small employer be based on the average number of employees that it is reasonably expected the employer will employ on business days in the current calendar year.

D. New groups, with a plan effective date in the middle of their plan year, can request the cost-sharing (e.g., deductible, coinsurance, and copay) amounts accrued prior to the plan effective date be credited to their new plan.

E. I affirm the contribution and participant requirements in **Employer Contribution and Eligible Employee Participation Requirements** are followed. (Applicable to groups renewing outside open enrollment).

F. I affirm that this group has a physical location in the State of Washington, and I am authorized to sign on behalf of the group.

Signature of Group's Representative _____ Date _____

Groups Representative (Print Name) _____ Title _____

Please Note: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.