ASSURE GROUP APPLICATION

Employer Demographics Information						
		Effective date:				
1	**Full legal name of employer:** (full legal names usually have Inc., LLC or Corporation at the end of the name)	Legal name:				
2	**Do you have a "doing business as" (DBA) name you want Network Health to use on member material? If so, what is your DBA name?**	DBA Name (if warranted):				
3	**Employer tax ID # (as assigned by IRS):**					
4	**If subsidiaries/affiliates are included in the plan Network Health will be administering, do you want separate bills sent to each?**	☐ Yes ☐ No				
5	**List subsidiaries or affiliates to be covered by the plan, if any:**	a. _____ b. _____ c. _____				
6	**Physical address:**	Street				
		City		State		
		Zip		County		
7	**Mailing address:** ☐ Same as Physical Address List address if different from above	Street or PO Box				
		City		State		
		Zip				
8	**Administrative contact:**	Name				
		Title				
		Phone				
		Fax				
		Email				
9	**Name of privacy officer, for the Privacy Policies and Procedures, if different than the administrative contact**:	Name				
		Title				
		Phone				
		Fax				
		Email				

10	**Nature of business or standard industrial classification** (SIC)	
11	**Number of years in business:**	
12	**Are any owners/officers/partners not legally required to be covered by workers' compensation, and need on-the-job medical coverage through this plan?** ☐ Yes (If yes, list names:) _____ ☐ No	
13	**Employer is a** ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Labor Union ☐ Government Entity ☐ Church Plan (not a school or day care staff) ☐ Other: _____	
14	**Are you a limited liability company?** ☐ Yes ☐ No If yes, are you a ☐ C Corp or ☐ S Corp?	
15	**Are you a member of a chamber of commerce?** ☐ Yes ☐ No If yes, list chamber name: _____	
16	**Did you have prior group medical coverage?** ☐ **Yes** ☐ **No** If yes, please list the name of the carrier: _____	

1	**Please indicate all that apply:**	Is this group subject to the Employee Retirement Income Security Act of 1974 (ERISA)? ☐ Yes ☐ No *Private employers, non-profit agencies and schools are all examples of ERISA groups. Generally, governmental entities and church plans are not subject to ERISA. We suggest you engage legal advice if unsure of being subject to ERISA.* Does your company receive financial assistance from any federal department or agency? ☐ Yes ☐ No *If your company receives federal funding, you may be subject to Section 1557 requirements such as translation of documents. NHAS does not provide services to meet these requirements. We suggest you engage legal advice to ensure compliance.*
2	**What is the three-digit plan number assigned to the plan for IRS purposes? (Default is 501)** Please enter N/A for non-ERISA plans:	

Plan Information

Medical plan(s) selected (maximum of four plans):

_____

_____

_____

_____

Does Employer offer a health reimbursement account (HRA)? ☐ Yes ☐ No

If yes, name of vendor: _____

Does Employer offer a health savings account (HSA)? ☐ Yes ☐ No

If yes, name of vendor: _____

	Please note that the health plan document does not include information regarding any contribution the employer makes toward an HRA or HSA. The employer is responsible for providing their eligible employees with information regarding their HRA or HSA plan, including any contribution the employer may make to it.	
Eligibility Information		
1	**Are you a small or large group?** Groups with 51 or more Full Time Equivalents (FTEs) are large groups. For more information visit www.irs.gov/affordable-care-act/individuals-and-families/aca-information-for-employers-counting-full-time-and-full-time-equivalent-employees	☐ **Small Group** ☐ **Large Group**
2	**Total number of current employees:** _____	
3	**Total number of eligible employees:** _____	
4	**Total number of eligible employees enrolling:** _____	
5	**Number of eligible employees waiving due to other coverage:** _____	
6	**Is group subject to COBRA/Continuation? (Averaged 20 or more employees during the previous calendar year. Part-time employees are included but counted as a fraction of a full-time employee based on hours they work.)**	☐ Yes ☐ No (If no, skip to question #10.) **Note: State continuation is not available with the level-funded plans.*
7	**Is your COBRA/Continuation administrator Employee Benefits Corporation (EBC)?**	☐ Yes ☐ No If no, do you want COBRA/Continuation services through EBC (included with the Assure product)? ☐ Yes ☐ No
8	**If you have a COBRA/Continuation administrator other than EBC, please provide information.**	Name Street City _____ Zip _____
9	**COBRA/Continuation – Are any present or former employees or their dependents, including eligible owners, currently on or eligible to elect COBRA/Continuation coverage?**	☐ Yes ☐ No If yes, complete the information requested below.
	Name: _____ Cobra/Continuation Start Date: _____ Qualifying event (i.e. termination, job loss, divorce, etc.) _____	
10	**How many hours must an employee regularly work to be eligible for the plan?** _____	
11	**Has an eligible employee or dependent received or expected to receive more than 50 percent of the Specific Deductible in expenses in the last 12 months?**	☐ Yes ☐ No

12	**Will any former employee or dependent be continuing coverage under the Plan in accordance with federal, state or local law on the Effective Date of this Policy, if issued?**	☐ Yes ☐ No
13	**Are expected benefits available from the prior insurer for presently disabled eligible employees and/or dependents?**	☐ Yes ☐ No
14	**Are any eligible employee or dependents presently disabled or confined in a hospital or similar facility?**	☐ Yes ☐ No
15	**Check employee waiting period and effective date of coverage if it applies to all classes. If waiting period varies by class, please indicate below in question #14.** Termination for employees and dependents is the End of Month for all Assure groups.	**First of Month After** (check below) ☐ Date of hire ☐ 30-day waiting period ☐ 60-day waiting period ***OR*** **Immediately after** (check below) ☐ 30-day waiting period ☐ 60-day waiting period ☐ 90-day waiting period
16	**Do you want new employees currently in their waiting period to be eligible for benefits as of the date Network Health Administrative Services starts administering this Plan?** ☐ Yes ☐ No	
17	**How do you want to treat employees who are rehired?** Large groups will be set-up as "Waive waiting period if rehired within 91 days" to be compliant with the ACA Employer Shared Responsibility requirements.	☐ Treat as a new employee ☐ Waive waiting period if rehired within ___ days (Options are 30, 60, or 91 days.)

18 **Do you want to separate employees based on location or benefit provisions? If yes, please list.**
(example: hourly/salary, immediately/60 day waiting period)

Class	Name	Waiting Period

Payment Information–Payment of Initial Deposit	
☐ Direct Bill ($25 service fee will be added to monthly bill)	☐ ACH (Separate signed authorization form required)

Payment Information–Monthly Recurring Payment	
☐ Direct Bill ($25 service fee will be added to monthly bill)	☐ ACH (Separate signed authorization form required)

Paperless Billing Option

Please Note: An invoice will be uploaded to the group portal on a monthly basis. An email notification will be sent out each month once the invoice is available to view.

Please check ☐ Yes ☐ No Email address to send bill: _____

The Assure Group Application, Stop Loss Policy and Administrative Services Agreement comprise the terms and conditions of the contract.

Employer Fiduciary Responsibility

- Under the Employee Retirement Income Security Act of 1974 (ERISA), fiduciaries can be held personally liable for losses to a benefit plan incurred as a result of their alleged errors or omissions or breach of their fiduciary duties.
- ERISA is a federal law that sets minimum standards for employee benefit plans maintained by private-sector employers. ERISA regulates not just retirement plans, but virtually all employer plans that provide employee benefits, including health, life, profit sharing, disability, and employee leave. ERISA includes standards of conduct for those who manage an employee benefit plan and its assets, who are called “fiduciaries.”
- A fiduciary is a person who holds a legal or ethical relationship of trust with one or more other parties (person or group of persons). A plan must have at least one fiduciary (a person or entity) named in the written plan, or through a process described in the plan, as having control over the plan’s operation. Your fiduciary responsibility is outlined in the Administrative Services Agreement.
- Under ERISA Section 409, both employers (the plan sponsors) and outside providers hired in a fiduciary capacity (such as Network Health Administrative Services, as the plan administrator) are potentially exposed to significant liabilities. If a plan is not managed properly and/or benefits are lost because employees were not given adequate information or instruction, fiduciaries can be held “personally liable” to “make good” any losses that they’re responsible for.
- Fiduciary liability insurance is the proper insurance that can protect against this liability. There are several ways to get fiduciary liability coverage. A company can purchase a policy directly. Similar coverage may also be established using directors and officers (D&O) liability, commercial general liability (CGL), or trust E&O/professional liability policies as long as those policies have attached an endorsement specifically tailored to cover fiduciary liabilities.

Network Health strongly recommends that employers obtaining coverage under the Assure product carry Fiduciary liability coverage as indicated in the Administrative Services Agreement.

☐ I acknowledge I have read this Employer Fiduciary Responsibility section.

Employer Group Certification

The undersigned, as authorized representative of the Employer Group ("Group") requesting Third Party Administrative services, certifies reading the entire completed application and that the information provided is accurate and complete. The Group agrees to provide documentation requested by NHAS, necessary to establish plan documents, stop loss coverage with NHIC, and other documents required for the Assure level- funded plan. These documents include, but are not limited to, the Administrative Services Agreement (ASA), Stop Loss Application, Business Associate Agreement (BAA), and Terms and Conditions sheet. If all necessary documents are not furnished to NHAS within 30 days of the date of this application, the offer for administrative services under the Assure plan will be withdrawn. Group attests that business records maintained by the Group can substantiate all information provided.

The Group also certifies that the insurance agent has explained the coverage, limitations and exclusions, other details of services applied for, and the rules and regulations of NHAS. This document will form part of the Administrative Services Agreement between the Group and NHAS. Group accepts and agrees to the provisions contained in this Assure Group Application.

Employer representative (Must be authorized to purchase coverage for this firm)	Signature	
	Print Name	
	Date	
	Title	
Writing agent	Signature	
	Print Name	
	Date	
	Title	
	Agency	