

ELIGIBILITY

All employees working a minimum of 30 hours per week are eligible. If requested in writing and approved by NHP/NHIC, employees working less than 30 but not less than 20 hours per week may be eligible.

1. Hourly requirement (cannot be greater than 30): _____
2. Total number of 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. Participation calculation (Line 4/(Line 3 - Line 5)) _____

PARTICIPATION

The Group must maintain NHP/NHIC's employee participation requirements for all lines of coverage. Failure to maintain the participation requirement will terminate your coverage under the terms of the policy. Other termination provisions are stated in the policy. Small groups that do not meet NHP/NHIC's participation or minimum employer contribution may only enroll November 15 through December 15.

For groups of 2 to 50 employees, the following are NHP/NHIC's participation requirements.

| Number of Eligible Employees | Number that Must Enroll |
|------------------------------|-------------------------|
| 2-4 | 2 |
| 5-6 | 3 |
| 7 | 4 |
| 8-9 | 5 |
| 10 | 6 |
| 11-50 | 70% |

Those waiving coverage under this policy, due to other creditable coverage, are not considered eligible employees.

EMPLOYEE WAITING PERIOD

Employees must apply within 31 days of becoming eligible, or they must wait until open enrollment.

1. Employee waiting period:

| | | |
|----------------------------------|--|---|
| | <u>First of Month After Waiting Period</u> | <u>Immediately After Waiting Period</u> |
| <input type="checkbox"/> None | Or | <input type="checkbox"/> None |
| <input type="checkbox"/> 30 days | | <input type="checkbox"/> 30 days |
| <input type="checkbox"/> 60 days | | <input type="checkbox"/> 60 days |
| | | <input type="checkbox"/> 90 days |
2. Do you want new employees currently in their waiting period to be eligible as of the group's plan effective date?
 Yes No
3. Rehires: Treat as a new employee
 Waive waiting period if rehired within _____ days _____ months
ACA Groups: All rehires will be treated as new employees if rehired more than 30 days after termination.
4. Employee ceases to be eligible: Immediately End of month
ACA groups: employee termination will be at the end of the month.

5. Requested benefit plan(s):

***For groups with 51 or more employees:**

6. Plan or calendar-year deductible:

7. If large group (51 or more eligible employees) offers medical benefits to retired employees up to age 65, state attained age and years of service for retiree class eligibility. Benefits will be effective for retirees if approved.

Age _____ Years of Service _____ Employer Contribution _____

8. Is this contract part of a union negotiated agreement? (For 51+ groups only) Yes No

9. If yes, please provide a copy of the union contract. Expiration date: ____ / ____ / ____

10. Do you offer open enrollment at renewal? Yes No

If yes, to be effective, the employee must complete and sign the enrollment application within 31 days of the group's renewal date.

NOTE: Late applications for large groups without open enrollment may be subject to a 90 day late enrollee waiting period.

TERMS AND CONDITIONS

Application Submission

Group understands that providing incomplete, inaccurate or untimely information may delay, void, reduce or terminate an individual's coverage or the Group's coverage. The Group shall furnish to NHP/NHIC any information required for NHP/NHIC to administer the policy. NHP/NHIC reserves the right to contact any employee at the place of business to complete the enrollment process. The Group shall have records available for NHP/NHIC to inspect at any time insurance is in force, and to the earlier of three years after termination date or final adjustment and settlement of claims is made.

Please submit the following forms for application of coverage:

1. Employer Group Application
2. Completed employee enrollment forms
3. Waiver forms with copy of other insurance ID cards when requested
4. A copy of the quoted rates
5. A copy of your current carrier's benefit design(s)
6. A completed ACH Authorization Form when requested
7. New Group Submission Checklist
8. A completed copy of the most recent filing of UCT State Quarterly Unemployment Compensation Report Form (non-experienced rated groups)
9. A copy of current billing if replacing coverage (non-experience rated groups)

UNDER NO CIRCUMSTANCES SHOULD YOU CANCEL YOUR PRESENT GROUP COVERAGE WITHOUT PRIOR WRITTEN NOTICE OF APPROVAL BY NHP OR NHIC.

Coverage is not in effect unless and until the Group receives written notification from NHP/NHIC.

Application Terms

Group understands and agrees that neither the Group nor the agent has the authority to waive a complete answer to any question, pass on insurability, alter any contract or waive any of NHP's or NHIC's other rights or requirements. No agent or field representative of NHP or NHIC has the authority to modify any terms or conditions of applications, policies or contracts.

Authority of Agent

No agent or field representative of the insurance company has the authority to waive any of NHP's or NHIC's other rights or requirements, pass on insurability or waive a complete answer to any questions, nor bind the insurance company by making any promises or representations, written or verbal. The undersigned agrees that any such attempt by the agent is void and is not effective.

Payment and Enrollment Submission

If an employee's effective date falls on or before the 15th of the month, the employer group will be charged for that full month's premium. If the effective date falls on the 16th - 31st, the employer group will be charged beginning with the following month of coverage.

If an employee's termination date falls on or before the 15th of the month, the employer group is not charged for that month's premium. However, if the termination date falls on the 16th - 31st, the employer group is charged for the entire month of coverage.

The Group's first month's premium must be submitted with the Employer Group Application. All premiums must be paid with the Group's business check written out to NHP and/or by electronic transfer when an electronic fund transfer business account is established. A \$15 fee per month will be charged to all employer groups that pay their premiums via check. Also, a \$25 service fee will be applied to non-sufficient funds when allowed by state law. **Group agrees to collect any employee contribution toward premium.**

The Group agrees to submit to NHP/NHIC enrollment information for each employee. The Group will submit any changes in enrollment information on at least a monthly basis, and to arrange for submission to NHP/NHIC notice of the date on which any employee terminates enrollment. All enrollment information shall be submitted prior to or within 31 days of the date the employee's coverage becomes effective or terminates, as the case may be. The eligible employee must sign the enrollment information form and notice must be given to NHP/NHIC before coverage is to become effective.

Termination

NHP or NHIC may cancel the Group's policy if the Group fails to make timely premium payment. Cancellation does not prejudice a valid claim existing on termination date. The Group is solely responsible to notify insured persons of termination, and to return to employees the portion of any contribution toward premium payment made after termination date. The Group shall be responsible to pay to NHP the premium amount owed during the grace period.

NHP/NHIC will furnish the Group with a notice to be distributed to covered employees advising them of their rights in the event of termination due to cessation of business or non-payment of premium. The Group is responsible for making copies of the notice and distributing it to covered employees.

NHP or NHIC may discontinue offering a particular plan on a statewide basis in accordance with Wisconsin law.

In no case will NHP or NHIC return to the Group the premiums for more than three monthly periods in the case of a notice of termination of a member's enrollment which is received more than 30 days after the effective date of such termination.

Group termination notification must be made to Network Health Plan in writing no later than 31 days beyond the requested termination date. Failure to comply may result in forfeiture of premium.

90-Day Deferred Termination

When an employee ceases to be actively at work, i.e. an employee is on a leave of absence, after 90 days the employee will cease to be covered under this plan (disenrolled) and must be offered COBRA coverage and/or state continuation coverage by the employer.

EMPLOYER GROUP CERTIFICATION

The undersigned, as authorized representative of the Employer Group applying for insurance coverage, ("Group") certifies reading the entire completed application and that the information provided is accurate and complete. The Group agrees to provide the documentation requested by NHP/NHIC, which establishes that all eligibility and participation requirements of the policy are met. Group also certifies that business records maintained by the Group can substantiate the information provided here.

The Group also certifies that the insurance agent has explained the coverage, limitations, and exclusions, other details of coverage of the insurance applied for, and the rules and regulations of NHP or NHIC. This document will form part of any policy issued upon NHP/NHIC's acceptance of Group's application for coverage. Group accepts and agrees to the provisions contained in this Employer Group Application.

Signature of Authorized Group Representative

Title

Date

I, (agent) certify that I met with the Employer submitting this application and fully explained its contents.

Signature of Writing Agent

Agent Name (Printed)

Agency

Date

NHP or NHIC Representative

Date

Network Health Plan
Network Health Insurance Corporation