

General

If additional space is needed at any point while completing the form, please attach additional sheets as necessary.

Section 1: Group Information

1. *Group/Business name or DBA name*

The name by which your group will be identified in our system

3. *EIN/TIN & SIC Code*

Your Employer Identification Number/Tax Identification Number (EIN/TIN) is a nine-digit number assigned by the Internal Revenue Service (IRS). Your EIN/TIN may be found on your business's tax returns. A Standard Industrial Classification (SIC) code is a four digit number which classifies industries. Visit the SIC System Search on the Department of Labor Occupational Safety and Health Administration (OSHA) website for assistance in determining your business's SIC code.

5. *Employee Retirement Income Security Act of 1974 (ERISA)*

In general, ERISA does not cover group health plans established or maintained by governmental entities, churches for their employees, or plans which are maintained solely to comply with applicable workers compensation, unemployment, or disability laws. ERISA also does not cover plans maintained outside the United States primarily for the benefit of nonresident aliens or unfunded excess benefit plans.

7. *Company Officer's Name*

The name of the ultimate decision maker regarding the business's health insurance. This identifies the person authorized to sign the Master Group Agreement on the company's behalf.

9. *Organization*

A. Organization Type

- o Select the applicable organization.

A public library is an example of a Public Entity.

If B or C is "Yes," then prior review by Underwriting is required. Contact your sales representative for details.

10. *List Owners/Partners/Shareholders and Percentage of Ownership*

Please list all owner names representing up to 100 percent ownership.

11. *Commonly owned businesses or affiliates*

If the group is already required to submit its own tax documentation, ownership tax documentation must also be provided for any commonly owned business. See Section 9 instructions for cases where tax documentation is required and for tax filing examples.

(continued)

Section 1: Group Information (continued)

12. *Indicate company organization*

The responses in this section ensure compliance with the Blue Cross Blue Shield Association guidelines.

- o A Stand Alone business manages its own activities and does not depend on a larger entity for financial support.
- o A Parent company owns enough of another entity to control the operations of the other entity.
- o A Subsidiary is a company that is either partly or wholly owned/controlled by another company.
- o A Local Plant/Office/Division is a specific part of a company.
Example: A company manufactures construction equipment and medical equipment – each at separate locations. The location that manufactures medical equipment is a Local Plant/Office/Division.

13. *Does your group have employees living outside the Excellus BlueCross BlueShield service area who are enrolling in coverage?*

When a group has employees working outside of Excellus BlueCross BlueShield's service area, the Quarterly Wage Report or equivalent state tax filing forms must be provided.

See Section 9, Proof of Employment instructions for an explanation of how to notate each employee.

Contact your sales representative for details regarding the prior underwriting review.

Section 2a: Address and Contacts

1. *Group Contact*

The person who handles the day-to-day administration of the health insurance.

2. *Business Physical Address*

The physical location/office to which the employees enrolling in group coverage report.

3. *Headquarters Address*

The main location of the business. Address should be a physical location/office.

4. *Mailing Address*

The address to which communications should be sent.

5. *Billing Contact*

The person who manages billing and the address to which invoices should be sent.

Section 2b: COBRA Opt-Out

1. *Your medical plan includes continuation of coverage through COBRA administrative services provided by Lifetime Benefit Solutions. If you wish to opt out of embedded COBRA administration, please provide the name and address of the COBRA administrator you plan to use.*

Section 3: Group Size, Other Regulatory Information

1. Group Size: To Determine Market Segment

This section is based upon the prior calendar year. These counts must include all locations/entities combined for Applicable Large Employer determination.

For a startup company, please complete this section using the current calendar year's information. Per 26 U.S. Code § 4980H(c)(2)(C), "In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is an applicable large employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year."

Group Size Calculation:

Enter the value of D in Section 3, Question 1 of the group application.

2. Group Size: For Medical Loss Ratio Reporting Purposes

If this number fluctuates, please add the number of people employed each month of the prior calendar year and then divide the total by twelve to get the average.

A.	Average full-time employees (30+ hours/ week) employed in the prior calendar year: Note: If this number fluctuates, please add the number of people employed each month of the prior calendar year and then divide the total by twelve to get the average.	
B.	Total number of part-time hours worked by all part-time employees in the prior calendar year:	
C.	Total number of part-time hours worked in the prior calendar year divided by 1440: (Answer B/1440) Note: Seasonal employees working fewer than 120 days in the calendar year should be carved out.	
D.	Total full-time employees and full-time equivalents to determine group size: (Answer A + Answer C) Note: Round down to the nearest whole number.	

Section 4: Individuals not listed on the NYS-45-ATT or other state equivalent

List the names of eligible individuals not shown on applicable state quarterly wage report.

- o Indicator – indicate the category under which the individual falls:
New Employee (E), Partner (P), Business Owner (B), Retiree (R), COBRA Beneficiary (C), or Other (O) with explanation.
- o DOH or DOR – Provide the Date of Hire (DOH) for newly hired employees and the Date of Retirement (DOR) for retirees

Example:

Name	Indicator	DOH or DOR	Name	Indicator	DOH or DOR
Jack Doe	R	1/1/2016	Jane Doe	B	
Jim Doe	C		John Doe	E	12/1/2017

Section 5: Employee and Retiree Eligibility

1. Eligible Individuals

Please include owners, employees, and retirees not on a plan specifically for the group's Medicare enrollees. Also include individuals enrolled in COBRA, NYS Continuation, and the Young Adult Option.

2. Medical Eligibility Policy for New Employees and Rehires

Please complete all columns.

Employee Class

- o Class names provided in this section are entered in our system
- o **Classes should not have any crossover. For instance, the Management and Salaried classes may overlap. Suggested pairings are Salaried & Hourly and Management & Non-Management.**
- o An owner may not be classified as Hourly.

Number of Hours

- o The minimum number of hours members of a specified class must work each week to be eligible for coverage.
- o Excellus BlueCross BlueShield does not permit small groups to set minimum hour requirements fewer than 20 hours per week or greater than 40 hours per week. Large groups may set minimum hour requirements between 17.5 and 40 hours per week.
- o A Full-Time employee must work between 30 and 40 hours per week. A Part-Time employee must work fewer than 30 hours.

New (N), Rehire (R), or Both (B)

- o Indicate to which employees the probationary period pertains. If the new hire and rehire eligibility policy differs, please complete multiple rows.

Probationary Period

- o The policy that is entered into our system to determine the eligibility date.
- o The waiting period for a medical plan may not exceed 90 days.

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Section 5: Employee and Retiree Eligibility (continued)

Retiree Eligibility

Excellus BlueCross BlueShield has the following requirements which must be met for a group to offer retiree coverage:

- o The class may not include individuals who were not members of an eligible active class prior to retirement,
- o The employee must be at least 55 years of age at the time of retirement, and
- o The employee must have worked at least three full years for the employer prior to retirement.

3a. Medical Products - Employer Contribution (Monthly Amount)

Please list percentage or monthly dollar amount contributed for all tiers, even if the tier does not currently apply to any employees.

The Subgroup Number is required only if the group will have multiple subgroups (e.g., a different subgroup for each location).

Example: A group covers both Management and Non-Management employees and offers two Silver plans. For subscriber-only coverage, the employer contributes \$400 per month to premiums for Management and \$200 to premiums for non-Management. If the employee has any dependents, the employer contributes an additional \$200 to Management (a total of \$600) and \$100 to non-Management (a total of \$300). The group would complete the contribution table in the following way:

3b. HSA/HRA - Employer Contribution (Annual Amount)

Please list the percentage or annual dollar amount contributed for all tiers to a Health Savings Account (HSA) or a Health Reimbursement Account (HRA), even if the tier does not currently apply to any employees.

Example: A group covers both Management and Non-Management employees and offers 1 Bronze High Deductible Health Plan. The employer contributes \$0 to premiums (so the contribution table in Question 2 indicates no contribution), but contributes to a Health Savings Account. For subscriber-only coverage, the employer contributes \$6,000 annually to Management and \$3,000 to Non-Management. If the employee has any dependents, the employer contributes an additional \$6,000 to Management (a total of \$12,000) and \$3,000 to Non-Management (a total of \$6000). The group would complete the contribution table in the following way:

3c. & 3d. Dental and Vision Employer Contribution (Monthly Amount)

Please list percentage or monthly dollar amount contributed for all tiers, even if the tier does not currently apply to any employees

The Subgroup Number is required only if the group will have multiple subgroups (e.g, a different subgroup for each location.)

Section 6: Dental Information

Calculating Dental Eligible Employees:

A.	Number of eligible active employees and owners:	
B.	Number of retirees eligible for the employer group plan:	
C.	Number of individuals enrolled in COBRA:	
D.	Total individuals eligible for group dental insurance coverage (Question A + Question B + Question C):	

Enter the value from (D) in the space for Employees Eligible for Excellus BCBS Offering

Section 7: Broker of Record Information

If applicable, to appoint a broker please provide both the name of the agent and brokerage.

Section 8: Employer Attestation

The individual signing the form must be a representative of the group who is authorized to make health insurance decisions on behalf of the business.

Section 9: Checklist

Excellus Broker - <https://broker.excellusbcbs.com/enroll-update/group/new-paperwork>

Excellus Employer - <https://employer.excellusbcbs.com/enroll-update/group/new-paperwork>

Note: We reference public sources of information during our review process. If public sources conflict with the information provided on this form, additional information may be required.

Disclaimer: Excellus BlueCross BlueShield will not share your personal information with other individuals or organizations without your permission, except when applicable by law.