Small Business Group Application

Group # _____

Please complete all information. We cannot process incomplete applications.

KAISER PERMANENTE®

Group name (legal business name) | Phone

DBA/Alternate name | Fax

Street address | City | County | State | Zip code

Mailing address, if different than above | City | State | Zip code

Type of business | SIC Code | In business since | E-mail address

Date you would like your contract to begin _____

Business Structure

☐ Corporation ☐ Partnership ☐ Ltd. Partnership ☐ Proprietorship ☐ Self-employed Group of One

If corporation: state in which you are incorporated _____ Date incorporated _____

☐ Branch ☐ Subsidiary Parent company name _____

Street address | City | State | Zip code | Phone

Principal Owners or Stockholders

Full name | Title

Street address | City | State | Zip code | Phone

Full name | Title

Street address | City | State | Zip code | Phone

☐ If nonprofit, please check box.

Broker Information, if applicable

Broker | Phone | Fax

Firm | E-mail address

Mailing address | City | State | Zip code

Plan Information

Indicate which plan(s) you want to offer by checking the box next to your selection below:

- ☐ Classic 30 HMO
- ☐ Classic 35A HMO
- ☐ Classic 40 HMO
- ☐ Ded/Co HMO 500D
- ☐ Ded/Co HMO 1000D
- ☐ Ded/Co HMO 1200D
- ☐ Ded/Co HMO 2000D
- ☐ Ded/Co HMO 2500D
- ☐ Ded/Co HMO 3000D
- ☐ Ded/Co HMO 4000D
- ☐ Ded/Co HMO 5000D
- ☐ Ded/Co HMO 2000F
- ☐ HSA DHMO 1500
- ☐ HSA DHMO 2000
- ☐ HSA DHMO 3000
- ☐ HSA DHMO 5000
- ☐ Standard HMO
- ☐ Basic HMO
- ☐ Out-of-Area PPO SP01[2,3]
- ☐ Out-of-Area PPO SP02[2,3]
- ☐ Out-of-Area PPO SP03[2,3]

Groups with five or more enrolled employees can select up to three plans. Groups with less than five enrolled employees can select one plan.

Supplemental benefits:

☐ None ☐ Optical ☐ Chiropractic[1] ☐ Acupuncture[1] ☐ Basic Plan Option[4]

[1] **Acupuncture and/or chiropractic not available with HSA-Qualified plans.**

[2] **No supplements are available with Out-of-Area PPO plans.**

[3] **The Preferred Provider Organization (PPO) plans are underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc.**

[4] **This no-cost option will be added to the Basic Plan coverage unless you contact us to decline: Denver-based companies call 303-338-3700 Southern Colorado-based companies call 719-867-2100.**

Same Gender Domestic Partner Coverage

Do you wish to select Same Gender Domestic Partner Coverage? ☐ Yes ☐ No

Medicare

Effective January 1, 2006, Medicare Part D prescription drug coverage is available to Medicare eligible retirees/employees. Small Business Group employers have two options for Medicare Part D pharmacy benefits. Employers may elect to enroll Medicare eligible retirees/employees in Medicare Part D pharmacy through Kaiser Permanente, or apply for the Group Retiree Drug Subsidy from the Centers of Medicare and Medicaid Services (CMS).

Choose one:
- ☐ elect to enroll our Medicare eligible retiree/employees in Medicare Part D.
- ☐ elect to apply for the Group Retiree Drug Subsidy for our Medicare eligible retiree/employees.
- ☐ our group does not currently have any Medicare eligible retiree/employees.

Eligibility Requirements

Total number of employees in group _____

Total number of employees working at least 24 hours per week _____

Total number of benefit-eligible employees _____

Total number of eligible employees enrolling in Kaiser Permanente _____ Total number of retirees enrolling _____

Total number of eligible employees waiving Kaiser Permanente with other credible coverage[5] _____

New employees will become eligible the first day of the month following:

☐ Date of hire ☐ 30 days ☐ 60 days ☐ 90 days ☐ Other _____

☐ Check here if you want to waive initial eligibility period to make all employees eligible at this time.

[5] **Colorado Division of Insurance requires signed waivers for: 1) all eligible waiving employees, and 2) enrolling employees' spouses/dependents not enrolling with Kaiser Permanente at this time.**

Employee Rate Information

By Colorado State regulation, monthly rates are based on the ages and family size (status) of your employees who enroll in Kaiser Permanente. All small groups are offered the same age-banded rates. If your group has 10 or more eligible employees, we can provide composite rates based on a group's average age and family status of enrolling employees. This rate applies to each enrollee, according to family status, regardless of age.

If your group has 10 or more eligible employees, please indicate which rate structure your group wants for the 12-month contract:

☐ Composite rates[6] ☐ Age-banded rates

[6] **Composite rates will also be generated for supplemental benefits.**

Billing statements to be mailed to: Person/Title | Phone | Fax

Mailing address | City | State | Zip code

Contract to be mailed to: Person/Title

Mailing address | City | State | Zip code

To comply with Colorado Division of Insurance reporting requirements, provide the following information

Total number of employees working at least 24 hours: within Colorado _____ outside Colorado _____

Options available:

☐ Fixed dollar contribution must be at least $125 per month per subscriber $_____

☐ Percent of contribution must be at least 50 percent of the lowest plan offered per month per subscriber _____%

Previous carrier _____ Plan#_____ Renewal date_____ or

☐ Check here if your company has been without coverage three months or longer.

☐ Yes ☐ No Is your company domiciled in Colorado?

☐ Yes ☐ No Was this health benefit plan marketed through your place of business?

☐ Yes ☐ No Are you treating this health benefit plan as part of a plan or program under Section 162, Section 125 or Section 106 of the United States Revenue Code?
Section 162: Employer purchased the insurance for the employee and pays the premium; employer deducts the premium as compensation to the employee and is taxable income to the employee.
Section 125: Cafeteria Plan or Flex Plan employees can choose from among two or more benefits.
Section 106: Employer contributed to the employee's plan and employer contribution is excluded from the employee's gross pay.

☐ Yes ☐ No Does your existing carrier currently cover any former employees or dependents under continuation of benefits (COBRA) in accordance with state or federal regulations?

Small Business Group Previous Health Benefit Coverage Affidavit

This form must be completed and signed to process your application for either Business Group of One or 2-50 Employees plan coverage.

EMPLOYER...

☐ Yes ☐ No Have you sponsored a health benefit plan for your employees during the past 12 months?

☐ Yes ☐ No If "yes" to the previous question, was the health benefit plan sponsored by an employee leasing company that was subject to small group laws?

☐ Yes ☐ No If you are applying as a Business Group of One, have you previously qualified as a Business Group of One?

☐ Yes ☐ No Are you a small employer who had purchased health benefit coverage from a small employer carrier and who discontinued health coverage as a small employer **prior to January 1, 2004**?

☐ Yes ☐ No Are you a small employer group whose small group insurance has been discontinued because of nonpayment of premiums or fraud?

Note: If you indicated that you have sponsored a health benefit plan at any time during the past 12 months, please attach a copy of your most recent bill.

I, _____ (print your name), attest that the answers to the questions contained in this form are true and correct. I acknowledge that failure to report such previous group coverage may result in the application of a premium adjustment for health status of up to 35 percent above the modified community rate for small employer carrier.

As company principal/corporate officer having authority to contract with Kaiser Permanente and/or the Kaiser Permanente Insurance Company (KPIC), I agree that our prepaid monthly dues will be submitted by the last working day of each month, prior to the month of coverage, and I will abide by the contract provisions, as set forth in the group agreement issued by Kaiser Permanente and the group insurance policy issued by KPIC. I consent that any person may give information to Kaiser Permanente and/or KPIC concerning the principal owners' and stockholders' credit history.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Please print name (Company representative)	Signature
Title	Date

Important: *Have you included paperwork indicating your company is a bona fide business?*

COLORADO INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN COLORADO TO SMALL EMPLOYERS OF 2-50 EMPLOYEES, INCLUDING A BASIC OR STANDARD HEALTH BENEFIT PLAN, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP. BUSINESS GROUPS OF ONE CANNOT BE REJECTED UNDER A BASIC OR STANDARD HEALTH BENEFIT PLAN DURING OPEN ENROLLMENT PERIODS AS SPECIFIED BY LAW.

