ROCKY MOUNTAIN HEALTH PLANS®
We understand Colorado. We understand you.

Plans underwritten by Rocky Mountain HMO (RMHMO)
or Rocky Mountain HealthCare Options, Inc. (RMHCO)

OE

RMHP USE ONLY
RMHP Rec'd: _____
UW Rec'd: _____
Status: _____

Application for Health Benefits For Groups with 2 or More Employees

Please complete all information on front and back using black ink only. We cannot process incomplete applications.

Section 1 – Company Information

Company Name				
Phone ( )	Fax ( )	E-Mail		
Physical Address	City	State	Zip	PO Box
Mailing Address	City	State	Zip	PO Box
Contact Person		Title		
President/CEO/Owner (Name)	Federal Tax ID Number (TIN / EIN)			
Proposed Effective Date	Industry or Type of Business	Industry Code (SIC)		

Does the company or owners applying for coverage share ownership in any other business(es)? ☐ Yes ☐ No If yes, give:

Name of business(es): _____

Name of all owners: _____

Total number of all employees on payroll who work 24 hours per regular work week for all businesses: _____

Employers with 50 or fewer eligible employees are required to attach a list of eligible employees and dependents.

Eligible employees must have a regular work week of the required number of hours a week and must satisfy any applicable eligibility waiting period.

Section 2 – Employee Eligibility

1. Number of employees on payroll who work 24 hours or more per week: #

2. Number of employees eligible for health benefits coverage: #

3. Average number of **all** employees (full-time, part-time, seasonal, etc.) employed on business days during the prior calendar year. _____

4. Number of employees in Colorado: #_____
Number of employees outside of Colorado: #_____

5. Total number of eligible employees enrolling in group plan: #_____
Total number of eligible employees waiving: #_____

6. Number of full-time or part-time employees who were employed for 20 weeks or more this year or last year: # _____

7. Number of full-time or part-time employees who worked at least 50% of your working days in the preceding calendar year: # _____

8. Are your employees leased from a leasing company or a professional employer organization? ☐ Yes ☐ No

9. Hours Worked Requirement:

10. Waiting Period for New Hires: ☐ Date of hire **OR**
First of month following: ☐ Date of hire ☐ 1 Month ☐ 3 Months ☐ 6 Months ☐ 9 Months
☐ Other _____
Does any class have a different waiting period? ☐ Yes ☐ No If yes, please describe:

11. Waiting Period Waived at Initial/ Open Enrollment ☐ Yes ☐ No

12. Employer Contribution Medical (50% minimum of employee)
Employee _____% Family_____%

13. Classes Excluded (If applicable, please describe.)

14. Number of employees, former employees, or employees' dependents currently covered by or eligible for a Colorado or COBRA continuation of coverage plan: # _____

15. Does group administer its own COBRA? ☐ Yes ☐ No

16. Do you want RMHP to assist in continuation of coverage administration? ☐ Yes ☐ No

17. Does your company's eligibility include anyone who is not a company employee; for example, a person who is an independent contractor? ☐ Yes ☐ No

18. Has your group been insured with health insurance during the past 90 days? ☐ Yes ☐ No
If yes, name of current medical carrier:

19. Was coverage through a MEWA? ☐ Yes ☐ No Self-Funded? ☐ Yes ☐ No

20. Was coverage terminated due to: Nonpayment of Premium: ☐ Yes ☐ No Fraud: ☐ Yes ☐ No

Section 3 – Desired Coverage

Small employers that employ between 10 and 50 eligible employees have a choice of composite rates or four-tier family age-banded rates and can request both to compare the two rating approaches. In either case, the total monthly premium to the employer is identical.

Age-banded rates means that you will be billed different premiums based on employees' ages. For example, the premium for a 60-year-old employee would be substantially higher than for a 20-year-old employee. Age-banded rates are always billed in four-tier monthly premiums: employee; employee and spouse; employee and child (or children); and employee, spouse, and child (or children). **Composite rates** do not vary because of age of the employee. In the example given above, both the 60- and 20-year-old employees would have the same monthly premium rate. Composite rates are available in four-tier (employee, employee and spouse, employee plus child or children, and employee plus family).

New group rate sheet attached. Rates presented shall be ☐ Composite ☐ Age-Banded (Mandatory for groups size 2 – 9 employees)
COVERAGE SELECTED:

Medical Plan 1: Rx Plan: ☐ Brand ☐ Generic Only ☐ Both Rx plans (employees will select one) Accident Rider: ☐ Yes ☐ No ☐ N/A (VISTA & HMO Classic Plans)

Medical Plan 2: Rx Plan: ☐ Brand ☐ Generic Only ☐ Both Rx plans (employees will select one) Accident Rider: ☐ Yes ☐ No ☐ N/A (VISTA & HMO Classic Plans)

Medical Plan 3: Rx Plan: ☐ Brand ☐ Generic Only ☐ Both Rx plans (employees will select one) Accident Rider: ☐ Yes ☐ No ☐ N/A (VISTA & HMO Classic Plans)

Vision Plan:	EAP Plan:	Dental Plan:	Chiro Plan:	Nurse Line:	Good Health National Access (GHNA) available. Check desired access: ☐ Out-of-state employees ☐ Out-of-state dependents

I understand that my group's coverage will not be made effective until all enrollment information given here or is otherwise provided to or obtained by Rocky Mountain HMO (RMHMO) or Rocky Mountain HealthCare Options, Inc. (RMHCO), is evaluated and approved by RMHMO or RMHCO.

I understand RMHMO or RMHCO has the right to terminate coverage and deny benefits if any information on this enrollment application or as otherwise provided by the undersigned for enrollment purposes is knowingly false, incomplete, or misleading in any material respect.

Any misrepresentation or failure to notify Rocky Mountain Health Plans of any change in responses between the date of application and the effective date of coverage could result in termination of coverage. Rocky Mountain Health Plans has the right to verify information provided and request additional information if necessary.

Employer/Authorized Signature:	Title:	Date:
Broker Signature:	Name of Agency:_____ Broker Name:_____	
Producer license #/Tax ID:	Alternate Contact: _____ Phone #: _____ Email:_____	

Plans underwritten by Rocky Mountain HMO (RMHMO)	Plans underwritten by Rocky Mountain HealthCare Options (RMHCO)
Good Health Savings Plans HSA HMO Rocky Mountain Good Health HMO Rocky Mountain VISTA HMO RMHMO HMO Standard Health Benefit Plan for Colorado RMHMO HMO Basic Limited Mandate Health Benefit Plan for Colorado	Good Health Savings Plans HSA PPO Rocky Mountain Good Health PPO Rocky Mountain Core Plus Hospital Rocky Mountain VISTA PPO RMHCO PPO Standard Health Benefit Plan for Colorado RMHCO PPO Basic Limited Mandate Health Benefit Plan for Colorado

Read important information below:

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

An access plan is available for each managed care network offered by Rocky Mountain Health Plans to any interested party upon request. Such access plans contain information on providers, hospitals, referral and grievance procedures, quality assurance, access for members with special needs, emergency coverage provisions, and other information on how to access services.

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.

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, UPONTHE 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.

For small employer groups, see the enclosed Disclosure Notice for Small Employer Groups, which is incorporated into this document by reference.