



## 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 Numer (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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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.				
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. Number of employees in Colorado: # _____ Number of employees outside of Colorado: # _____	4. Total number of eligible employees enrolling in group plan: # _____ Total number of eligible employees waiving: # _____			
5. Number of full-time or part-time employees who were employed for 20 weeks or more this year or last year: # _____	6. Number of full-time or part-time employees who worked at least 50% of your working days in the preceding calendar year: # _____			
7. Are your employees leased from a leasing company or a professional employer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Hours Worked Requirement:			
9. Waiting Period for New Hires: <input type="checkbox"/> Date of hire <b>OR</b> First of month following: <input type="checkbox"/> Date of hire <input type="checkbox"/> 1 Month <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> Other _____ Does any class have a different waiting period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____			10. Waiting Period Waived at Initial/ Open Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Employer Contribution Medical (50% minimum of employee) Employee _____% Family _____%	12. Classes Excluded (If applicable, please describe.)			
13. Number of employees, former employees, or employees' dependents currently covered by or eligible for a Colorado or COBRA continuation of coverage plan: # _____			14. Does group administer its own COBRA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Do you want RMHP to assist in continuation of coverage administration? <input type="checkbox"/> Yes <input type="checkbox"/> No				
16. Does your company's eligibility include anyone who is not a company employee; for example, a person who is an independent contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
17. Has your group been insured with health insurance during the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of current medical carrier:				
18. Was coverage through a MEWA? <input type="checkbox"/> Yes <input type="checkbox"/> No Self-Funded? <input type="checkbox"/> Yes <input type="checkbox"/> No				
19. Was coverage terminated due to: Nonpayment of Premium: <input type="checkbox"/> Yes <input type="checkbox"/> No Fraud: <input type="checkbox"/> Yes <input type="checkbox"/> No				

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 (HMO Classic Plans)

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

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

Vision Plan:	EAP Plan:	Dental Plan:	Chiro Plan:	Good Health National Access (GHNA) available. Check desired access: <input type="checkbox"/> Out-of-state employees <input type="checkbox"/> Out-of-state dependents
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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: *Roper Insurance*

Good Health Savings Plans HSA HMO  
Rocky Mountain Good Health 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  
RMHCO PPO Standard Health Benefit Plan for Colorado  
RMHCO PPO Basic Limited Mandate Health Benefit Plan for Colorado

**Read important information below:**

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, 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.**

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

**Colorado  
Commission Disclosure  
Small Group Accounts < 50 Lives**

As part of this health insurance solicitation, we are required by state law to advise you that should you purchase health insurance from me, that Roper Insurance & Financial Services will receive compensation in the form of a commission.

**Commission Schedules**

Aetna	6% or premium paid	
Anthem	\$25 per enrolled employee per month	
Destiny Health	\$25 per enrolled employee per month	
Guardian	<u>Annual Premium</u>	<u>Commission %</u>
	First \$50,000	5.0%
	Next \$200,000	3.5%
	Next \$250,000	2.0%
	Next \$2,000,000	1.0%
	Next \$2,500,000	0.5%
Humana	\$25 per enrolled employee per month	
Kaiser	\$24 - \$27 per Subscriber (based on production)	
PacifiCare	Health Maintenance Organization (HMO) - 4% of Premium	
	Preferred Provider Option (PPO) - 6% of Premium	
Principal Financial	<u>Annual Premium</u>	<u>Commission %</u>
	First \$150,000	5%
	Next \$100,000	3%
	Over \$250,000	1%
Rocky Mountain Health Plans	\$23 per enrolled employee per month	
United Healthcare	\$24 per enrolled employee per month	

**I acknowledge receipt of this notice:**

Signed: \_\_\_\_\_ date: \_\_\_\_\_

Print name: \_\_\_\_\_

Producer: \_\_\_\_\_ date: \_\_\_\_\_

Print name: \_\_\_\_\_