



**HEALTH REPUBLIC**  
INSURANCE

## Off Exchange Small Group Underwriting Guide



Not-For-Profit. For People.



# Off Exchange Small Group Underwriting Guide

## 1. SMALL GROUP ELIGIBILITY

- |   |   |
|---|---|
| A | The group must be actively in business with a street address in one of the 32 counties of our service area  |
| B | Health Republic Insurance of New York requires all enrolling subscribers to reside within our network area. Our network area is the State of New York and New Jersey. New York domiciled companies may enroll their employees that live in NJ, but cannot enroll employees residing in any other state. There is a maximum of 50% New Jersey employees allowed as part of a New York group. |
| C | Eligible employees are defined as actively at work at least 20 hours per week and a group must have at least two such employees to remain active.   |
| D | There is a minimum 51% participation required for small groups after valid waivers. Employees not electing coverage must submit a waiver form with enrollment materials. Valid waivers are Spousal Coverage, Medicaid, Medicare or Tricare.   |
| E | Medicare recipients are eligible as long as they meet the criteria in #1C.  |
| F | Eligible dependents are defined as: a legally married spouse or domestic partner, and a legally dependent child up to the age of 26. Additional options for age 29 are also available. Domestic partners will be required to submit a domestic partner eligibility attestation. Marriage and Birth certificates may be required to prove family eligibility .                               |
| G | The following are excluded from eligibility and coverage: <ul style="list-style-type: none"><li>a. Part-time employees (19 hours or less)</li><li>b. Seasonal workers &amp; temporary personnel</li><li>c. Retirees</li></ul>   |

Should HRINY determine that group information is materially false, we reserve the right to terminate or deny coverage.

## 2. ENROLLMENT

To enroll a new small group, all completed documents must be received by Health Republic Insurance of New York no later than the 25th day of the month preceding the effective date. These must be mailed to:

Conference Associates, Inc. Sales Support Department  
180 East Main St.  
Suite 205  
Patchogue, NY 11772

## 3. MULTIPLE PLAN OPTIONS

- |   |  |
|---|--|
| A | Groups of 3 enrolled employees or less can only have 1 plan option |
| B | Groups of 4-10 enrolled employees can select 2 plan options.       |
| C | Groups of 11-50 enrolled employees can select 3 plan options.      |

#### 4. REQUIRED INFORMATION

All of the following information on enrolled employees and their dependents is required before processing

- |   |   |
|---|---|
| A | Social Security Number for each subscriber          |
| B | Date(s) of birth for all subscribers and dependents |
| C | Complete address                                    |
| D | Date of marriage (if applicable)                    |
| E | Employment effective (start) date                   |
| F | Dependent type and date of birth                    |
| G | Employer, as well as Employee, signature            |

#### 5. TAX DOCUMENTATION

- |   |  |
|---|--|
| A | Most recent Quarterly Wage & Tax Statement: NYS 45   |
| B | If not required to file Wage & Tax Statement, one of the following is required:<br><i>Business Type Requirements</i> <ul style="list-style-type: none"><li>• If a "C" corporation: Articles of incorporation, form 1120 (line 13 is wages) and payroll documents</li><li>• If a Church: Form 941 (line 2 is wages) and payroll documents</li><li>• If an LLC: LLC agreement and the appropriate documentation noted above</li><li>• If a Partnership: K-1 or Form 1065 (line 9 is wages) and payroll documents and business license</li><li>• If an "S" corporation: Articles of incorporation, form 1120S (line 8 is wages) and payroll documents</li></ul> |
| C | If the business has been in existence less than 1 year and has not yet filed a Quarterly Wage and Tax Statement, Health Republic Insurance of New York will accept Corporation or Partnership papers and payroll documents.  |

Please note, incomplete applications will be returned and this may affect the requested effective date.

#### 6. REQUIRED DOCUMENTATION FOR EFFECTUATION

- |   |  |
|---|--|
| A | Group Agreement Form   |
| B | Check for 1st month premium from the employer's business account   |
| C | Fully completed original employee enrollment forms and waiver forms (if applicable).<br>Faxes or copies are not acceptable |

## 7. ENROLLMENT & WAITING PERIODS

- |   |  |
|---|--|
| A | Groups are eligible for coverage on the 1st of the month only.   |
| B | Open enrollment will be held once a year on the group's anniversary or renewal date.   |
| C | <b>PLAN CHANGES.</b> An official at the company should submit employee plan changes to Health Republic Insurance of New York no later than one month after initial enrollment. If no changes are made, the next period to change benefits will be during open enrollment.  |
| D | Employee waiting periods cannot exceed 90 days.  |
| E | New employees will be able to enroll in the plan on the first of the month following the plan's waiting period.  |
| F | Employees who are terminated will be covered until the last day of the month in which the termination occurred. All terminations must be submitted either on a completed termination form or on company letterhead.  |
| G | Those who decline coverage and subsequently wish to enroll without a qualifying event will only be eligible to enroll during the next annual open enrollment period. Qualifying Event: An unexpected event that will terminate an employee's participation in another health plan. An example of a qualifying event is the loss of coverage through a spouse losing a job. |

## 8. GROUP PLAN CHANGES

- |   |  |
|---|--|
| A | A group can only upgrade coverage at its contract anniversary date.                        |
| B | A group may downgrade to a lower cost plan at anytime except the 90 days prior to renewal. |

*All plan change requests must be received prior to the 15th of the month will be effective first of the following month.*

## 9. RATING TIERS

All plans are 4 tier rates only



**HEALTH REPUBLIC**  
INSURANCE

**HEALTH REPUBLIC INSURANCE  
OF NEW YORK**

30 Broad Street, 34th Floor  
New York, NY 10004  
888-990-5702

[www.NewYork.HealthRepublic.us](http://www.NewYork.HealthRepublic.us)