



Small Group Application

North Shore-LIJ CareConnect Insurance Company, Inc.
Attention: Group Enrollment Department
2200 Northern Boulevard, Suite 104, East Hills, NY 11548
855-706-7545 www.NSLIJCareConnect.com

Group Information

- I.** Full Legal Name of Group: _____
- II.** Primary Address of Group: _____
City _____ State _____ ZIP _____
- III.** Plan Administrator/Contact:
1. Name _____
 2. Title _____
 3. Address _____
City _____ State _____ ZIP _____
 4. Phone Number _____
 5. Fax Number _____
 6. Email Address _____
 7. Additional Contact _____
 8. Additional Phone Number _____

Billing Information

- I.** Send billing statements to:
1. Name _____
 2. Title _____
 3. Address _____
City _____ State _____ ZIP _____
 4. Phone Number _____
 5. Fax Number _____
 6. Email Address _____
- II.** Full legal name of each subsidiary and/or affiliated company whose employees are to be covered (if applicable):

- III.** Tax Identification Number: _____

Small Group Application (continued)

Group Administration

To be eligible for small group coverage, you must be located within Manhattan, Nassau, Queens, Suffolk, or Richmond County, where North Shore-LIJ CareConnect Insurance Company, Inc. products are available. Groups must have between 2 and 50 eligible employees.

1. Effective date: We request that this coverage be effective _____
(Note: Only 1st of the month effective dates are permitted)
2. How many total employees does this group have? _____

Total employees means the average number of employees, including seasonal and/or part time employees, during the prior calendar year.

3. How many eligible employees does this group have? _____

Eligible employees are active permanent employees of the employer and of all subsidiaries or affiliates of a corporate employer who works 20 or more hours per week and are eligible for health benefits through the employer's group health plan. Eligible employees do not include:

- any person who performs services for the company who is reported on an IRS 1099 form (such a person is not an employee and is not eligible for coverage) or
- any former employee who is covered through retiree benefits, COBRA or state continuation.

An employer may elect to offer coverage to a class of employees based on conditions pertaining to employment: geographic situs of employment, earnings, method of compensation, hours and occupational duties. Employees who work less than 20 hours per week are not eligible employees and may not enroll in any North Shore-LIJ CareConnect Insurance Company, Inc. products. If coverage is limited to specific class(es) of employees, the classes must be specified in response to question 13 below.

If the employer does not offer group health coverage to all eligible employees, eligible employees should include (1) the number of eligible employees who live or work in the state of New York with Nassau, Suffolk, Queens, Richmond, and New York counties (the employer cannot offer North Shore-LIJ CareConnect Insurance Company, Inc. coverage to out-of-state employees).

4. Total number of employees being offered coverage through this product: _____
5. If the employer offers retiree coverage, how many eligible retired former employees does this group have? _____

Integration with Medicare benefits: If the group offers retiree coverage, health benefits covered by Medicare Part A and B are carved out for retired employees aged 65 or over and their dependents aged 65 or over who have elected Medicare.

6. Total number of employees and former employees enrolling: _____

Enrolling means the total number of eligible employees, COBRA or state continuation enrollees, and retired employees (if applicable) accepting coverage with any CareConnect product.

- a. Of those former employees enrolling, how many are retired? _____
- b. Of those former employees enrolling, how many are enrolling through COBRA or state continuation? _____

Small Group Application (continued)

8. Total number of employees waiving coverage for the following reasons:

- a. A spouse's health benefit plan: _____
- b. Parental Waiver: _____
- c. Medicare: _____
- d. Medicaid: _____
- e. Veteran's coverage: _____
- f. Other Coverage: _____
- g. All other waivers: _____

9. Total number of valid waivers (a - f): _____

10. Is the Employer offering other group or HMO coverage to employees who are eligible for coverage in a North Shore-LIJ CareConnect Insurance Company, Inc. product? ☐ Yes ☐ No

11. List other current or past group health or HMO coverage offered by Employer in the last three years:

12. Is your group subject to COBRA (20 or more total employees during at least 50% of the working days in the previous calendar year)? ☐ Yes ☐ No

Waiting period/classes

If coverage is being limited to particular class(es) of employees, specify class definition(s) below. An employer may elect to offer coverage to a class of employees based on conditions pertaining to employment: geographic situs of employment, earnings, method of compensation, hours, and occupational duties. Although an Employer may establish a class of employees who work less than 20 hours per week, North Shore-LIJ CareConnect Insurance Company, Inc. products are not available to employees who work less than 20 hours per week.

If classes and waiting periods are not specified below, all eligible employees who work 20 or more hours per week will be eligible for group health benefits under a North Shore-LIJ CareConnect Insurance Company, Inc. policy without a waiting period.

Small Group Application (continued)

CLASS I

Definition of Class I: _____

i) Eligibility/Termination

- Date on which the employee completes _____ days/months (circle one) of continuous service. (cannot exceed 90 days)
- Termination will be the date of termination of employment.

ii) Eligibility/Termination

- On the first day of the calendar month coinciding with or next following the date on which the employee completes _____ days/months (circle one) of continuous service. (cannot exceed 90 days)
- Termination will be on the last day of the calendar month.

iii) Waiting Period for Rehires

- Waiting Period waived for Rehires? ☐ Yes ☐ No
- If yes, waived if rehired within _____ months. (cannot exceed 90 days)

CLASS II

Definition of Class II: _____

i) Eligibility/Termination

- Date on which the employee completes _____ days/months (circle one) of continuous service. (cannot exceed 90 days)
- Termination will be the date of termination of employment.

ii) Eligibility/Termination

- On the first day of the calendar month coinciding with or next following the date on which the employee completes _____ days/months (circle one) of continuous service. (cannot exceed 90 days)
- Termination will be on the last day of the calendar month.

iii) Waiting Period for Rehires

- Waiting Period waived for Rehires? ☐ Yes ☐ No
- If yes, waived if rehired within _____ months. (cannot exceed 90 days)



Small Group Application (continued)

North Shore-LIJ CareConnect EPO Products:

	Standard	Standard	Standard	Standard	Non-Standard	Non-Standard	Non-Standard
	Bronze EPO	Silver EPO	Gold EPO	Platinum EPO	Gold Copay EPO	Silver Cost Share EPO	Bronze H.S.A. EPO
Copay PCP: Specialist:	NA NA	\$30 \$50	\$25 \$40	\$15 \$35	\$30 \$50	\$40 \$60	NA NA
Single Deductible	\$3,000	\$2,000	\$600	NA	NA	\$1,700	\$3,400
Family Deductible	\$6,000	\$4,000	\$1,200	NA	NA	\$3,400	\$6,800
Coinsurance	50%	NA	NA	NA	NA	70%	70%
Max OOP Single	\$6,350	\$5,500	\$4,000	\$2,000	\$6,350	\$6,000	\$6,350
Max OOP Family	\$12,700	\$11,000	\$8,000	\$4,000	\$12,700	\$12,000	\$12,700
ER Copay	NA	\$150	\$150	\$100	\$350	\$350	NA
Rx Copays	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$30/\$60	\$15/\$35/\$75	\$15/\$35/\$75	\$15/\$35/\$75
Rx Deductible	NA	NA	NA	NA	\$100	\$100	NA
Please select plan desired:							
Plan Selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accumulation period for deductible and max OOP: <input type="checkbox"/> Contract year <input type="checkbox"/> Calendar year							
Please select rider (if applicable):							
Rider	<input type="checkbox"/> Age 29	<input type="checkbox"/> Age 29	<input type="checkbox"/> Age 29	<input type="checkbox"/> Age 29	<input type="checkbox"/> Age 29	<input type="checkbox"/> Age 29	<input type="checkbox"/> Age 29

Domestic partner and family planning benefits are included in each plan. Any changes must be made by calling our dedicated sales number at 855-228-0541.

Rate Information

All new groups are subject to the four-tier rate structure below. Rates must be included in the spaces below for application processing. Please note that all four categories must be completed.

Plan #1 Rates

Single	Couple	Parent/Child(ren)	Family

Plan #2 Rates (if applicable)

Single	Couple	Parent/Child(ren)	Family



Small Group Application (continued)

Broker/GA Information

	Broker	Co-Broker	General Agent
Name of Payee			
North Shore-LIJ CareConnect's Broker and/or General Agency Code			
Payee's SS# or Federal Tax ID #			
Commission Split			
Sales Representative			
Comments			

Broker Consent

Authorization for Broker to Act as Benefits Administrator

The undersigned hereby requests North Shore-LIJ CareConnect Insurance Company, Inc. to accept the Brokers or General Agents named above as an authorized Benefits Manager for purposes of processing any enrollment transactions for my company's North Shore-LIJ CareConnect Insurance Company, Inc. policy (including, but not limited to, Member enrollments, Member terminations, Member address changes, group contact changes, group address changes, plan renewal changes, and group contract terminations). This authorization shall be effective immediately and shall (check one only):

- ☐ Remain in place until it is expressly revoked by me in writing.
- ☐ Remain in place until _____.

Further, I agree that my company will be bound by the actions performed by the herein-named Broker or General Agent pursuant to this Consent Form. Additionally, I agree that this Consent Form does not authorize anyone to receive individually identifiable health information about any Member. I acknowledge that I must notify North Shore-LIJ CareConnect Insurance Company, Inc. in writing to void this agreement in the event of a change in my company's Broker of Record.

COBRA/Extension of Benefits

1. Do you have any individuals currently covered by a COBRA continuation? ☐ Yes ☐ No
If yes, identify the number of individuals_____
2. Are there any dependents of enrolling employees who are currently disabled or in the hospital? ☐ Yes ☐ No
- What is the length of the prior carrier's extension of benefits period for disabled employees or dependents? _____

Small Group Application (continued)

Applicant Agreement

This Application and the premium rates proposed by North Shore-LIJ CareConnect Insurance Company, Inc. are subject to approval, in writing, by North Shore-LIJ CareConnect Insurance Company, Inc. We reserve the right to modify rates in the event a plan design must be modified as a result of any change, modification or clarification in law. We also retain the right to correct typographical errors or discrepancies prior to the effective date of coverage, and take other actions (for example due to a misrepresentation of a material fact) as permitted by applicable state law.

I, the undersigned, on behalf of the above named company (the "Applicant") am applying for small group health coverage and understand that the information provided will be used to determine eligibility for coverage, premium rates and for other purposes. I confirm that all information gathered herein is accurately represented, complete, and that the Applicant is not aware of any material information that was not disclosed.

The Applicant confirms that we employ no more than 50 eligible active permanent employees and no fewer than 2 eligible active permanent employees. The Applicant understands that 1099-compensated individuals are not eligible for group coverage with North Shore-LIJ CareConnect Insurance Company, Inc.

The Applicant understands that this Application may be chosen for an audit to confirm the information provided. Audits may be conducted before or after enrollment. If documents reviewed or submitted during an audit show that the information provided on an application was false or that the group did not meet underwriting requirements, the group will not be enrolled (audit completed prior to enrollment) or will be terminated (audit completed post enrollment).

The Applicant understands that other audits may be conducted while the Group Policy and Group Enrollment Agreement is in effect and agrees that all documents or other information that may impact coverage or premiums will be available for inspection.

The Applicant hereby acknowledges and understands that this application does not constitute any obligation by North Shore-LIJ CareConnect Insurance Company, Inc. to offer coverage and no insurance will be effective unless and until the application is formally accepted, in writing, by the North Shore-LIJ CareConnect Insurance Company, Inc. entity underwriting the coverage. The Applicant hereby confirms that it will not cancel any current health coverage it may currently have in anticipation that this application will be accepted North Shore-LIJ CareConnect Insurance Company, Inc.. Final rates will be based on enrollment data as of the Policy effective date. No contract of insurance is to be implied in any way on the basis of completion and/or submission of this Application. Applicant certifies that the Applicant has not had a group health policy or health maintenance organization contract terminated within the past 12 months due to failure to pay premiums.

If coverage is formally accepted, the Applicant understands that this application and any subsequent addenda (including, but not limited to, any member application forms and renewal certifications) will become part of the Group Policy and Group Enrollment.

Agreement issued by North Shore-LIJ CareConnect Insurance Company, Inc.. Any material misrepresentation within the application or the addenda (whether intentional or unintentional) may subject the group to termination or other action permitted by law. By signing below, the Applicant agrees to be bound by the terms and conditions of the Group Policy and Group Enrollment Agreement. The plan documents (including, but not limited to, the application, policy certificate(s) and riders) will determine the contractual provisions, including procedures, exclusions and limitations relating to the plan, and will govern in the event they conflict with any benefits comparison, summary of coverage or other description of the plan.



Small Group Application (continued)

The Applicant agrees to offer coverage to all eligible employees and that only those employees or former employees and their spouses or dependants who are eligible for coverage will be enrolled.

By signing below, you are signing the group application on behalf of the group applying for coverage and stating that (1) I am the Applicant or the agent for the Applicant and am authorized to sign this Group Application and (2) the Applicant will be legally bound by the terms and conditions of the application, this authorization and the plan documents.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 dollars and the stated value of the claim for each violation.

Dated at: _____ this _____ day of _____ 20 _____

Full legal name of firm: _____

Signature of Authorized Company Representative: _____

Title: _____

Witness Duly Licensed Resident Agent/Broker: _____