

For People. Not Profit.



Off Exchange Small Group Underwriting Requirements

2015



HEALTH REPUBLIC
INSURANCE OF NEW YORK

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1. SMALL GROUP ELIGIBILITY

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| A | The group must be actively in business with a Street Address in one of the 43 counties in our service area. Albany, Allegany, Bronx, Cattaraugus, Cayuga, Chautauqua, Columbia, Delaware, Dutchess, Erie, Essex, Genesee, Greene, Hamilton, Kings, Livingston, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Seneca, Suffolk, Sullivan, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates |
| B | Health Republic Insurance of New York requires all enrolling subscribers to reside within our network area. Our network area is the States of New York, New Jersey, and Connecticut (Litchfield and Fairfield counties only). New York domiciled companies may enroll their employees that live in NJ and CT, but cannot enroll employees residing in any other state. There is a maximum of 50% outside of NY that are allowed to enroll 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 | No Minimum Participation Requirement |
| E | Medicare recipients are eligible to enroll as long as they are actively working for the company. |
| F | Eligible dependents are defined as: a legally married spouse or domestic partner, and legally dependent children 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">a. Part-time employees (19 hours or less)b. Seasonal workers and temporary personnelc. Retireesd. 1099 (contractors) |
| H | Union employees covered by a union-sponsored health plan are not counted towards the group size. Union employees who are not offered coverage by their Union may be counted as eligible and may enroll in the employer's group coverage. |
| I | Carve-Outs are allowed, however the maximum group size before carve-out must be 50 or less full-time employees. |
| J | A company consisting of an owner and spouse are allowed to enroll provided that there is at least one additional eligible full-time employee. |

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

2. MULTIPLE PLAN OPTIONS

No limit on the number of plan options a group can select.

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3. EMPLOYER REQUIRED INFORMATION

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|---|---|
| A | Company's Name (including dba) |
| B | Company's physical address (P.O. Box Address can "only" be used for billing purposes) |
| C | Tax Identification number |
| D | Group contact person |
| E | Group contact phone number and email address |
| F | Total number of employees (this includes part-timers) |
| G | Total number of enrolling |
| H | Signed Rates/Plan Selection |
| I | Employer signature |

4. MEMBER REQUIRED INFORMATION

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|---|--|
| A | Date-of-hire and Plan start date |
| B | Complete mailing address |
| C | Member's first, last name - Spouse/Dependent(s) first, last name |
| D | Social Security Number for all subscribers and dependents |
| E | Date of birth for all subscribers and dependents |
| F | Subscriber and dependent(s) gender |
| G | Plan Selection |
| H | Employer's, as well as employee's signature |

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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:
- Business Type Requirements**
- a. If a "C" corporation: Articles of incorporation, form 1120 (line 13 is wages) and payroll documents
 - b. If a Church: Form 941 (line 2 is wages) and payroll documents
 - c. If a LLC: LLC agreement and the appropriate documentation noted above
 - d. If a Partnership: K-1 or Form 1065 (line 9 is wages) and payroll documents and business license
 - e. If an "S" corporation: Articles of incorporation, form 1120S (line 8 is wages) and payroll documents
 - f. If a "Labor Union" group: A Labor Union Roster is required. The labor union must be the policy contact holder.
- C** If the business has been in existence less than one 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 (pay stub or two week payroll run). W-4s are only acceptable for new hires (who just started working within two weeks of their effective date). W-4's must include the Employer's name and Tax ID number.

6. REQUIRED DOCUMENTATION FOR EFFECTUATION

- A** Employer Group Application
- B** Company check for the 1st month's premium from the employer's business account (personal checks are not acceptable)
- C** Fully completed employee enrollment forms
- D** Required Tax documents

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

7. APPLICATIONS

To enroll a new small group, all completed documents with the binder check must be received by Health Republic Insurance of New York no later than the 20th day of the month (or the next business day if the 20th falls on a weekend or federal holiday) preceding the effective date.

They must be mailed to:

Health Republic Insurance of New York
30 Broad Street, 7th Floor
New York, NY 10004
Attn: New Business Department

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8. EMPLOYER REQUIRED INFORMATION

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| A | Groups are eligible for coverage on the first of the month only. |
| B | Open enrollment will be held once a year on the group anniversary date. |
| C | PLAN CHANGES. Request must be received by Health Republic Insurance of New York within 30 days of the effective date. If no changes are made, the next period to change benefits will be during open enrollment period. |
| D | New employees will be able to enroll in the plan on the first of the month following the group's waiting period. As such, the waiting period cannot exceed 60 days. |
| E | Employees who are terminated will be covered until the last day of the month in which the termination occurred. Member terminations must be submitted on a Member (ATC) Add/Term/Change form. A 30-day notice is required on all member termination requests. Termination requests cannot go back more than 30 days from requested effective date. |
| F | 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. |

9. GROUP PLAN CHANGES

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| A | A group can only upgrade coverage at their contract anniversary date. |
| B | A group may downgrade to a lower cost plan at any time except 90 days prior to renewal. |
| C | Group termination request must be submitted on Small Group Contract (ATC) Add/Term/Change form. A 30 day notice is required on all group terminations prior to the requested effective date. |