

## GHI NEW CASE SUBMISSION GUIDELINES 2008

### FORMS COMPLETION

#### 1. Completed Small Group Application Form (Required)

- Signature and title of company officer.
- Each group must provide their street address; P.O. Boxes are not permitted.
- Plan Name the company is applying for. A plan selection form & quote are required with case paperwork.
- Requested Effective Date must be provided on all forms.

#### 2. Enrollment Form for employees (Required)

- Employment hire date, Date of Birth & Social Security Number.
- Signature of employee and Authorization signature from group to enroll.
- Dependent coverage must include the D.O.B & SSN of each, if applicable (If different last name for Spouse, include marriage cert. and or 1040. For dependent child different last name, Birth Cert. and or 1040).
- If applicable, a HIPPA Certificate(s) or coverage verification from previous carrier(s) is to be fully completed on master and all enrollment applications & future new member applications (must include prior coverage effective dates & termination dates).

#### 3. Dependent Student Affidavit form (#6118E) (if applicable) -Ages 19-25

- This Affidavit must be completed for employees whose child(ren) are enrolled full time in accredited institutions. The form must be filled out & signed by the subscriber him/her self.

#### 4. Last premium Invoice from Current carrier (if applicable)

#### 5. Small Group Application Coversheet (Required)

- Verify requested effective date on all forms.
- General Agent Authorization signature and date(If you are NOT a “General Agency”, do not sign)
- General Agent and Selling Agent information completed in the **correct** areas of the form.

When offering dual GHI coverages, the group must submit two separate sets of enrollment materials. If submitting one binder check for both plans, the small group applications coversheets must indicate the specific amount to be applied to each plan.

Groups under 51 eligible employees can be divided by class solely on employment status, and such division will preclude adverse selection. Each class to be covered must meet minimum participation requirements.

Examples of acceptable class divisions: salaried/hourly, work week (hours exclusion), non-union/union.  
Proof of union presence within a group must be provided indicating union name and local number.

#### **Special Note:**

All applications are subject to approval by the carrier. A group should **not** cancel their current coverage until approval is received from Group Health Incorporated. If current coverage is with GHI, please include copy of your termination request that was submitted to GHI, terminating your existing coverage.

## REQUIRED DOCUMENTATION

Each of the following three points must be demonstrated in order for a group to qualify for coverage:

1. **The group must be a Legitimate Business in New York State. (Required)** 
  - **For groups of one, two (2) tax documents must be submitted and should indicate the company name (Required). The following are acceptable:** 
    - a) Schedule C, (pages 1 and 2) **with** Schedule SE.  
Form 1120, showing names of shareholders (including the necessary statements)
    - b) Schedule K-1 with Corporate tax documents (Form 1065 or Form 1120S)
    - c) Schedule E is now **only** accepted with Corporate tax documents
    - d) Schedule F
    - e) Quarterly Wage and Withholding Form NYS-45 (proving full-time status)
    - f) Articles of Incorporation/Business Cert./Shareholder Cert. (showing names & percentages (%) of all share holders)
    - g) Standard Letter of Certification
  - **For Groups of 2 or more eligible employees, the following tax documents must be submitted (Required):** 
    - a) Quarterly Wage and Withholding Form NYS-45 (proving full-time status)
    - b) Schedule C, (pages 1 and 2), showing company name and gross annual income
    - c) Schedule K-1 with Corporate tax documents 1065/1120S with Quarterly wage report, NYS-45
    - d) Schedule E **with** Corporate tax documents
    - e) Schedule F
  - **Business Check for one month's premium, payable to Group Health Incorporated is required. Personal checks are not accepted.**
2. **Legitimate Eligible Employees:** 
  - a) Full time working a minimum of 20 hours per week on a weekly schedule.
  - b) Employees must appear on one of the tax documents listed above.
  - c) In the event that a newly hired employee is not yet listed on filed tax documentation, then a copy of the employee's W-4 must be supplied.
3. **Minimum Participation Requirements:** 
  - a) The **total** number of eligible full time employees of the group, including any employee not enrolling on the GHI Plan, must appear on one of the tax forms listed above.
  - b) **PPO Requirements:** A minimum of 50% of eligible employees in a group must be covered by a GHI Health Insurance policy and/or a GHI HMO Select Plan.
  - c) **EPO Requirements:** A minimum of 50% of the remaining eligible employees in the group not participating in a GHI group plan must be covered elsewhere by a Health Insurance policy. Carrier's name should be indicated next to each participant not applying.

A. Total Number of Eligible Employees \_\_\_\_\_

B. Required Minimum Participation \_\_\_\_\_

C. Number of Employees Applying \_\_\_\_\_

D. Balance (B - C) \_\_\_\_\_

E. Excluding Class (if applicable) \_\_\_\_\_

**\*The Number of employees enrolling, plus the number of employees not electing GHI coverage equals the total number of eligible employees.**

All tax Documents **must** be signed and **must** be from the most recent filing period.