Healthy NY Application for Small Businesses

Section A: Small Business Information

Company Name: _____

Telephone: (___) _____ Fax: (___) _____

Street Address of Business: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Person: _____ Title: _____

Telephone: (___) _____ Today's Date: _____

Tax ID #: _____ SIC Code_____ Email address_____

Section B: Employer Size Requirements

To be eligible for Healthy NY coverage, the business must have a total of 50 or fewer FTE (full-time equivalent) employees. The business may offer Healthy NY to a limited class of its employees, but the business cannot have more than 50 FTE employees overall. For more information on how to determine the number of FTE employees your business has, please see the Frequently Asked Questions at http://www.dfs.ny.gov/insurance/health/faqs_sm_grp_expansion_1to100.htm

How many total FTE employees does your business employ?

☐ 50 or fewer total FTE employees ☐ More than 50 total FTE employees (not eligible)

Section C: Insurance Information

You may offer Healthy NY to all of your employees or a class of your employees if you have not offered health insurance to them in the last 12 months. Please answer the following questions to assist us in determining your eligibility to purchase Healthy NY.

1. Within the last 12 months, has your business provided health insurance that included both medical and hospital benefits (other than Healthy NY) to the class of employees that you are looking to cover? ☐ Yes ☐ No

2. If the answer to question 1 above is "Yes," did your business contribute more than $50 per employee per month towards the premium (or $75 if the business is located in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, or Westchester counties)? ☐ Yes ☐ No

If the answers to both questions 1 and 2 above are "Yes," then your business is not eligible for Healthy NY.

Section D: Eligibility Requirements

Eligibility requirements were designed to reach those small businesses most in need. Please answer the following questions about your business. Please note that you must be able to check "Yes" to each question in this section in order to be eligible to purchase Healthy NY.

1. Do at least 30% of the employees who will be offered coverage earn annual wages of $41,250 or less? ☐ Yes ☐ No

2. Will your business contribute at least 50% of the Healthy NY premium on behalf of covered employees? ☐ Yes ☐ No

3. Will your business offer Healthy NY coverage to all employees working 20 hours or more per week who earn annual wages of $41,250 or less? ☐ Yes ☐ No

Section E: Participation Requirements

Please answer these questions about who will be accepting Healthy NY coverage. Please note that you must be able to check "Yes" to each question in this section in order to be eligible to purchase Healthy NY.

1. Will at least 50% of the class of employees who are offered Healthy NY coverage through your business actually accept enrollment or have health insurance through another source? ☐ Yes ☐ No

2. Will at least one employee earning annual wages of $41,250 or less enroll in Healthy NY? ☐ Yes ☐ No

Section F: Employee Information

1. Employers may offer Healthy NY coverage to their employees' dependents, including spouses, domestic partners, and children. Employers are not required to contribute towards the Healthy NY premium for dependents. Will your business be offering Healthy NY coverage to the dependents of your employees? ☐ Yes ☐ No

2. Employers may choose to make Healthy NY available to their part-time workers (those who work less than 20 hours weekly). You do not have to contribute towards the premiums for part-time workers. Will your business be offering Healthy NY coverage to part-time workers? ☐ Yes ☐ No

Section G: Employee Information (continued)

Complete the following information for each employee who is applying for coverage.
Please photocopy and attach additional sheets, if needed

Employee Name (First, MI, Last)	**Is this employee eligible for Medicare? (Yes or No)**

Section H: Certification

By signing this certification of eligibility, I certify under penalty of perjury that all statements contained in this certification are true and accurate to the best of my knowledge. I further certify that I am duly authorized to execute this certification on behalf of the business.

I understand that any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, 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 five thousand dollars and the stated value of the claim for each such violation.

Print name of person completing certification	Signature
Title (must be owner or officer of business)	Date

If a broker assisted you with completing this application, he or she may be eligible for a commission paid by the HMO or insurer. Please complete the information below:

Michael King	LA-677677	Century Benefits Group
Broker's Name	License #	Company
400 White Spruce Blvd. Rochester, NY 14623	(585)224-8138	mking@aboutcentury.com
Address	Phone	E-mail

Send your completed application directly to:
Michael King, Century Benefits Group, 400 White Spruce Boulevard, Suite C, Rochester, NY 14623

Excellus

Eligibility Policy for New Employees

Group Name: _____

Group Number {If Assigned}: _____

Our Standard new hire waiting period for eligibility for health insurance is:

(Type of employee: salaried, hourly, etc.)

_____Date of Hire _____

_____First of the month following date of hire _____

_____First of month following 30 days of employment _____

_____First of month following 60 days of employment _____

_____90 days after date of hire _____

_____Other _____
Must be approved by underwriting prior to submission

Our Standard rehire waiting period for eligibility for health insurance is:

_____Same guidelines as new hire _____
_____Date of rehire _____
_____First of the month following rehire _____
_____Other _ Must be approved by underwriting prior to submission

Minimum hours per week that an employee must work to be eligible:

_____20 hours _____
_____25 hours _____
_____30 hours _____
_____40 hours _____

Note:

- Employer can determine full time status as stated above but may not be less than 20 hours.
- Waiting period cannot exceed 90 days

The above policies have been submitted for business indicated above. I understand that these policies are accepted and must remain in effect for at least one full year before they are eligible to be changed.

Authorized Group Signature: _____

Date Signed: _____ Date Effective: _____

Ms. Caitlin Hryzak
Broker Program Manager
Excellus Blue Cross Blue Shield, Rochester Region
265 Court St.
Rochester, New York 14647

Dear Caitlin:

This is to notify you that our company has appointed Century Advisory Group, Inc (Broker no. 265) whose business address is 400 White Spruce Blvd. Suite C, Rochester, New York 14623 as our sole broker of record, with respect to our health insurance coverage provided to this organization by Excellus Blue Cross Blue Shield, Rochester Region, effective immediately.

I understand that if our company elects to purchase coverage from your company that Century Advisory Group, Inc. may be entitled to base and/or bonus compensation for our business.

This designation will remain in effect until we notify Excellus Blue Cross Blue Shield, Rochester region in writing to the contrary.

Sincerely,