KAISER PERMANENTE®

Small Business Group Application

CONNECT for HEALTH COLORADO®

Please complete all information. We cannot process incomplete applications.

Group # _____

Group name (legal business name) Phone

DBA/Alternate name Fax

Street address City County State Zip code

Mailing address, if different than above City State Zip code

Type of business SIC Code In business since E-mail address

Date you would like your contract to begin _____

Billing statements to be mailed to: Person/Title Phone Fax

Mailing address City State Zip code

Contract to be mailed to: Person/Title

Mailing address City State Zip code

Business Structure

○ Corporation ○ Partnership ○ Ltd. Partnership ○ Proprietorship

If corporation: state in which you are incorporated _____ Date incorporated _____

○ Branch ○ Subsidiary Parent company name _____

Street address City State Zip code Phone

Principal Owners

Full name Title

Street address City State Zip code Phone

Full name Title

Street address City State Zip code Phone

☐ If nonprofit, please check box.

Broker Information (if applicable)

Broker	Phone	Fax	
Firm	E-mail address		
Mailing address	City	State	Zip code

Plan Information[1]

Groups with at least three enrolled employees can select up to three plans if each of those employees is on a different plan.

HMO	☐ KP CO Platinum 0/20	☐ KP CO Gold 0/30	
Deductible HMO	☐ KP CO Platinum 250/20 ☐ KP CO Gold 500/30 ☐ KP CO Gold 1000/30	☐ KP CO Gold 1500/30 ☐ KP CO Silver 2500/45 ☐ KP CO Silver 3500/50	☐ KP CO Bronze 5750/50 ☐ KP CO Bronze 7000/50
Consumer Directed	☐ KP CO Gold 1500/30/HSA ☐ KP CO Silver 2750/30/HSA	☐ KP CO Silver 4000/30/HSA ☐ KP CO Bronze 5250/50/HSA	☐ KP CO Bronze 6500/100%/HSA

KP Select[1]

HMO	☐ KP Select CO Platinum 0/20	☐ KP Select CO Gold 0/30	
Deductible HMO	☐ KP Select CO Platinum 250/20 ☐ KP Select CO Gold 500/30 ☐ KP Select CO Gold 1000/30	☐ KP Select CO Gold 1500/30 ☐ KP Select CO Silver 2500/45 ☐ KP Select CO Silver 3500/50	☐ KP Select CO Bronze 5750/50 ☐ KP Select CO Bronze 7000/50
Consumer Directed	☐ KP Select CO Gold 1500/30/HSA ☐ KP Select CO Silver 2750/30/HSA	☐ KP Select CO Silver 4000/30/HSA ☐ KP Select CO Bronze 5250/50/HSA	☐ KP Select CO Bronze 6500/100%/HSA

On or after 9/23/2012, Employer Groups and Insurance Carriers are required to provide the SBC to plan participants and beneficiaries. Please visit **businessnet.kp.org** (Select 'Plan' tab, then Summary of Benefits link.) download, or print your Summary of Benefits and Coverage (SBC).

[1] The Colorado Division of Insurance requires carriers to notify you of the following: This policy does not provide any dental benefits to individuals age nineteen (19) or older. This policy is being offered so the purchaser will have pediatric dental coverage as required by the Affordable Care Act. If you want adult dental benefits, you will need to buy a plan that has adult dental benefits. This plan will not pay for any adult dental care, so you will have to pay the full price of any care you receive.

[2] Kaiser Foundation Health Plan of Colorado, Inc., underwrites the In-Network Tier.

Workers' Compensation

All employees must be covered by workers' compensation coverage, unless not required by law. I attest that the following information is correct.

Workers' Compensation Carrier: _____

I am exempt from providing Workman's Comp for the following reason: _____

Domestic Partner Coverage

Do you wish to select Domestic Partner Coverage? ○ Yes ○ No

If yes: ○ Same Sex Domestic Partner Only
○ Opposite Sex Domestic Partner Only
○ Same and Opposite Sex Domestic Partner

Employees who are enrolling a domestic partner must submit a domestic partner affidavit along with their Colorado Uniform Application.

Medicare

Effective January 1, 2006, Medicare Part D prescription drug coverage is available to Medicare eligible retirees/employees. Small Business Group employers have two options for Medicare Part D pharmacy benefits. Employers may elect to enroll Medicare eligible retirees/employees in Medicare Part D pharmacy through Kaiser Permanente, or apply for the Group Retiree Drug Subsidy from the Centers of Medicare and Medicaid Services (CMS).

Choose one: ○ elect to enroll our Medicare eligible retiree/employees in Medicare Part D.
○ elect to apply for the Group Retiree Drug Subsidy for our Medicare eligible retiree/employees.
○ our group does not currently have any Medicare eligible retiree/employees.

Some Kaiser Permanente medical plans may not meet the Medicare Part D creditable coverage requirements. Please consult your broker or Kaiser Permanente sales representative for guidance.

Employee Eligibility Requirements

Total number of employees regularly working at least 24 hours per week _____

Number of hours employees need to work weekly to be considered eligible for coverage _____

Total number of employees eligible to enroll with Kaiser Permanente_____

Total number of employees enrolling with Kaiser Permanente _____

Representation Regarding Waiting Periods

By entering into this Agreement, Group hereby represents that Group does not impose a waiting period exceeding 90 days on employees who meet Group's eligibility requirements. For purposes of this requirement, a "waiting period" is the period that must pass before coverage for an individual who is otherwise eligible to enroll under the terms of a group health plan can become effective, in accord with the waiting period requirements in the Patient Protection and Affordable Care Act and regulations.

In addition, Group represents that eligibility data provided by the Group to Health Plan will include coverage effective dates for Group's employees that correctly account for eligibility in compliance with the waiting period requirements in the Patient Protection and Affordable Care Act and regulations.

☐ Check here if you wish to waive extending coverage to dependents
☐ Check here if you wish to waive the initial waiting period to make all your employees eligible at this time

Employee Rate Information

Kaiser Permanente offers member-level rating for groups applying through the Colorado Health Exchange.

Member-level rating is based and calculated on a variety of factors, such as:

- Benefit plan(s) selected
- Member demographics
- Geographic location

Because rates are calculated at the individual member level, the individual members of a particular group's plan may experience rate changes that differ from the group's overall change.

Colorado Division of Insurance Reporting Requirements

To comply, please provide the following information

1. Total number of employees on your payroll _____

2. Total number of W-2 employees working at least: 30 hours within Colorado_____
outside of Colorado_____

3. Total number of Full-Time Equivalent Employees_____

Full Time Equivalent employees can be calculated by counting the number of people who worked an average of 30 or more hours per week. Then add to this amount the number of hours worked per week by non-full time employees divided by 30. You may exclude seasonal employees that work 120 days or fewer per year.

Kaiser Permanente requires that the employer financially contribute towards the plan participants premium.
What is your group's contribution?_____

Previous carrier _____ Plan#_____ Renewal date_____ or

☐ Check here if your company has been without coverage three months or longer.

○ Yes ○ No Is your company domiciled in Colorado?

○ Yes ○ No Was this health benefit plan marketed through your place of business?

○ Yes ○ No Are you treating this health benefit plan as part of a plan or program under Section 162, **Section 125** or **Section 106** of the United States Revenue Code?
Section 162: Employer purchased the insurance for the employee and pays the premium; employer deducts the premium as compensation to the employee and is taxable income to the employee.
Section 125: Cafeteria Plan or Flex Plan employees can choose from among two or more benefits.
Section 106: Employer contributed to the employee's plan and employer contribution is excluded from the employee's gross pay.

○ Yes ○ No Does your existing carrier currently cover any former employees or dependents under continuation of benefits (COBRA) in accordance with state or federal regulations?

As company principal/corporate officer having authority to contract with Kaiser Permanente and/or the Kaiser Permanente Insurance Company (KPIC), I agree that our prepaid monthly dues will be submitted by the last working day of each month, prior to the month of coverage, and I will abide by the contract provisions, as set forth in the group agreement issued by Kaiser Permanente and the group insurance policy issued by KPIC. I consent that any person may give information to Kaiser Permanente and/or KPIC concerning the principal owners' and stockholders' credit history.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Are you an employer whose small group insurance has been discontinued because of non-payment of premiums or fraud?

○ Yes ○ No

I attest that my company meets the definition of "small employer" as defined by applicable federal and state laws. I will also comply with the 70% participation provision, as outlined in the small business guidelines.

_____

Please print name (Company representative) Signature

_____

Title Date

Important: *Have you included paperwork indicating your company is a bona fide business?*

COLORADO INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN COLORADO TO SMALL EMPLOYERS OF 1-100 ELIGIBLE EMPLOYEES UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE CLAIMS EXPERIENCE OF OR ANY HEALTH STATUS RELATED FACTOR OF THE SMALL EMPLOYER AND ITS EMPLOYEES AND THEIR DEPENDENTS IN THE GROUP.