

SECTION VIII – NEW BUSINESS CHECKLISTS

HIP's Underwriting Guidelines Checklist for Small and Large Business

- The account indicated below qualifies for small business rates and benefits because the group's membership includes TWO (2) TO FIFTY (50) eligible employees.
- For large business 50 plus eligible employees.

Group Name _____

Completed by: Broker Signature _____ Date _____

CONTRIBUTION: Will group contribute toward the cost of coverage? Yes No
If "YES", will the group contribute the cost of:

- Employee Only Percentage _____ Dollar Amount _____
- Family _____

ELIGIBLE MEMBERS: (Check ALL boxes that apply to this group)

- Owners of the group/corporate officers/partners.
- Members of the Board of Directors.
- Employees on the group's payroll whose regular work schedule is at least 20 hours per week (if more than 20 employees, include active employees over 65 and spouse over 65.)
- Commissioned employees (no 1099s) with a base salary and commission.
- Eligible dependents of the group employees.
- Retirees & their spouses if the employer pays part or all premium as a retirement benefit.
- Former employee/dependants (COBRA continuation of coverage).
- Eligible union members (members must be employed by the same employer).

WHO MUST BE EXCLUDED FROM THE GROUP: (Check ALL boxes that apply to this group).

- Part-time employees who work less than 20 hours a week.
- Seasonal employees whose employment is six months or less each year.
- Temporary employees (HIP does not cover temporary workers).
- Employees who do not "work or reside" in the HIP service area.
- Employees in the armed forces of any government other than for duty of 30 days or less.
- Union-affiliated employees.
- HIP does not cover babysitter or personal maids.

TYPES OF ORGANIZATIONS: (Check ONE box that applies to this group).

- Sole proprietorship.
- Business establishment.
- Partnership or corporation.
- Not-for-profit organization (employees must work a minimum of 20 hours).
- Government body (state, county or municipal).
- Union or Union Management Welfare Fund (members and/or employees of a union and their dependents).
- Association, Chamber of Commerce, Professional Society.
- OTHER (Describe): _____

DOCUMENTS THAT MUST BE SUBMITTED TO ENROLL:

- Completed Group Application.
- Employee(s) ENROLLMENT APPLICATION(S) with PRE-EXISTING CLAUSE:
See "Election of Coverage and Authorization", paragraph 3.
(Employer must sign bottom of form.)
- Requested EFFECTIVE DATE MUST be the 1st or 15th of the month.**
- Waiver Forms (For Groups of 2-24 employees).
(For employees with other coverage who are excluded or who refuse coverage.)
- Copy of the NYS-45. Must indicate NYS Tax ID.
- Business check for the first month's premium for both large & small businesses.

ADDITIONAL REQUIRED DOCUMENTS:

- For any employee NOT listed on the NYS-45, submit a copy of the payroll check showing the company's name along with the employee name, SS# and a W-4.
- College/university STUDENT VERIFICATION of active full time status (minimum of 12 credits).
- Owners/Partners of the business NOT reflected on the NYS-45, submit a copy of any other official document substantiating the name of the owners/partners and the company's name.
- NEW BUSINESS: Submit an accountant's letter indicating the date the business started and the number of eligible employees, along with a business certificate.
- MEMBERS OF THE BOARD OF DIRECTORS, submit a copy of the annual report indicating the names of the directors.
- COBRA Continuees:
 - Copy of the company's last NYS-45 which includes the former employee.
 - Copy of the individual's COBRA election form. In the absence of the election form, a letter from the former employee/dependant resulting continuation of coverage and the date of the qualifying event may be submitted.

SMALL GROUP ONLY PRE-EXISTING CONDITIONS INFORMATION

- ❑ For new business: Copy of the premium billing statement (or statements if more than one insurance carrier provided coverage) from 12 months preceding the effective date of HIP coverage. For any employee NOT listed on that bill, a "Certificate of Credible Coverage" must be submitted verifying their previous health insurance.

**FOR SECURITY REASONS, PLEASE MAKE ALL CHECKS PAYABLE TO:
HIP HEALTH PLAN OF NEW YORK (NOT HIP)**

MARKETING REP'S NAME _____
Please Print

BROKER'S NAME _____
Please Print

**PLEASE RETURN A COMPLETED COPY OF THIS FORM PLUS ALL OTHER REQUIRED
DOCUMENTS AS INDICATED ABOVE TO:** _____

Important Deadlines:

Any groups received from the 1st through the 15th of the current month can be processed with an effective date of either the 1st or 15th of the current month.

All groups received on the 16th through the end of the current month can be processed ONLY for the effective date of the 1st of the following month.

Other dates will ONLY be considered if HIP is taking over coverage from another POS plan.

