



Bright Choices[®] Benefits Exchange[™] — 2011

Group Enrollment Form

Group Enrollment Checklist:

Complete all parts of this Group Enrollment form

Review, sign and return this form to:
 Liazon
 Attn: Tonawanda
 737 Main Street, Suite 200
 Buffalo, NY 14203

Or Fax to: 888-810-1059, Attn: South Buffalo

Attach the appropriate tax form
 If you have employees: attach an NYS-45 (including employees' Social Security Numbers).
 If you have no employees: please attach the appropriate tax document for your type of business.

Which tax documents have you submitted with this form?
 NYS-45 ____ 1020C ____ 1065-K1 ____ 1020S ____ Schedule C ____ Other: _____

Use the Benefits Funding Worksheet on page 3 of this form to indicate the amount of your employees' benefits you are funding for 2010

Tell Us About Yourself	
Name:	Date:
Title/Position:	
Phone:	E-Mail:

**Questions? Call Kim Giesing at 716-507-8648
 or the Liazon Consumer Advocacy Team at 1-866-LIAZON-1 (1-866-542-9661).**

Tell Us About Your Business		
Business Name:		
Business Address:		
City:	State:	Zip:
Type of Business:		SIC Code:
Name(s) of Business Owner(s)/Partner(s):		
Key Contact Person:		
Phone:	E-Mail:	
List Any Subsidiaries Subsidiary Name:	Address:	No. of Eligible Employees:
Are you a subsidiary? Yes ___ No ___ If yes, list parent company:		
Do you have a Section 125 Plan (to make pretax deductions for benefits)? Yes ___ No ___		

Benefits Eligibility	
What are the benefits eligibility policies for your company?	
Eligible employees include all those working at least:	20 hours ___ 30 hours ___ 40 hours ___ Other: ___
Waiting period for all new hires is 1st of the month following:	30 days ___ 60 days ___ 90 days ___ Other: ___
Waiting period for all rehires is 1st of the month following:	30 days ___ 60 days ___ 90 days ___ Other: ___
Waiting period for part-time employees who become full-time is 1st of the month following:	30 days ___ 60 days ___ 90 days ___ Other: ___
How many eligible employees do you have?	
A) Total number of ALL active employees, owners, and partners: _____	<p>Participation Requirements: If a group has 5 or fewer eligibles, 100% must participate. If a group has 6 or more eligibles, 75% must participate. Note: Employer contribution must equal at least 50% of the single premium rate for all plans selected by any of your employees.</p> <p>Employer Groups that Do Not Meet Participation Requirements: If a group cannot meet the required participation requirements Univera Healthcare Underwriting will consider approval of group health coverage if the employer contributes in accordance with one of the two following contribution strategies: 1. At least 50% of the premium for all rate tiers; or 2. At least 90% of the single premium and contributing that amount towards all rate tiers.</p> <p>Employer Groups contributing 100% of Premium: If an employer contributes 100% of the premium, all eligible subscribers must be enrolled in the group plan.</p>
B) Total number of eligible retirees: _____	
C) Total number of COBRA participants: _____	
D) Total active employees not eligible: _____	
E) Total eligibles (E = A+B-C-D): _____	
F) Eligibles declining due to a valid waiver*: _____	
G) NET ELIGIBLES (G = E-F): _____	
H) Total eligibles enrolling in a Univera plan: _____	
I) Total Group Participation** (I = H/G): _____	
<small>*Note: All individuals who waive insurance must submit a waiver form. Valid waivers include (exclusively): Coverage through Family Health Plus, Medicare (all types and with competitors), Medicaid, Healthy NY, VA. Coverage through a spouse with a commercial carrier or TRICARE. Coverage through a parent who has commercial coverage. Retiree coverage of the employee through a commercial carrier. Ineligible employees</small>	

Please list all ELIGIBLE employees, owners, or partners not listed on your NYS-45 or other tax documentation. Sole Proprietors must list themselves below as owner of business (must work at least 20 hrs/week to be eligible for insurance)

Name	Status	Social Security Number
	New Hire ___ Owner ___ Partner ___ Retiree ___ COBRA ___	
	New Hire ___ Owner ___ Partner ___ Retiree ___ COBRA ___	
	New Hire ___ Owner ___ Partner ___ Retiree ___ COBRA ___	
	New Hire ___ Owner ___ Partner ___ Retiree ___ COBRA ___	

If you need more space, please attach a separate sheet.

Benefits Funding Worksheet

Through Liazon's award-winning Bright Choices™ portal, we're giving your employees decision support tools to help them select the benefits that are right for them based on cost and coverage. The program relies on a defined contribution strategy using dollar-amount allocations for funding employees' benefits. You can use this worksheet to determine how much money you will provide to your employees for their benefits for 2011.

I am a single employee/sole proprietor company.

You can stop here, because you do not need to define benefits contributions for your employees.

I have employees.

If you have employees besides yourself who receive benefits through your company, please provide the following information:

There are two alternatives for contributing to your employees' benefits. You can provide a single monthly contribution to cover all benefits, or you can make separate contributions by type of insurance.

Please select the approach you wish to use and provide the appropriate contributions:

The company will allocate a specific monthly amount *per employee* for ALL benefits:

	Monthly Contribution
Single	\$
Family	\$

OR

The company will allocate specific monthly amounts *per employee* for SELECTED benefits:

	Monthly Contribution		
	Medical	Dental	Vision
Single	\$	\$	\$
Family	\$	\$	\$

Which, if any, of the following benefits will be employer paid?

Employee Life and AD&D	Long Term Disability	Short Term Disability	Accident	Critical Illness & Cancer Benefit
Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

I certify that, to the best of my knowledge and belief under penalty of perjury, the information listed on this form is true and complete.

X _____
 Signature Date