

Small Business Group Application

Please complete all information. We cannot process incomplete applications.

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

Indicate which plan(s) you want to offer by checking the box next to your selection below:

- | | |
|--|--|
| <input type="checkbox"/> KP CO Gold 0/30 | <input type="checkbox"/> KP CO Gold HRA 1500/30
employer contribution |
| <input type="checkbox"/> KP CO Gold 500/20 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> KP CO Silver 1200/35 | <input type="checkbox"/> \$600 |
| <input type="checkbox"/> KP CO Silver 1500/50 | <input type="checkbox"/> \$700 |
| <input type="checkbox"/> KP CO Silver 2000/30/HSA | <input type="checkbox"/> KP Select CO Gold HRA 1500/30 ² |
| <input type="checkbox"/> KP CO Bronze 4500/50 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> KP CO Bronze 3500/40/HSA | <input type="checkbox"/> \$600 |
| <input type="checkbox"/> KP CO Bronze 4500/50%/HSA | <input type="checkbox"/> \$700 |
| <input type="checkbox"/> KP Select CO Gold 0/30 ² | <input type="checkbox"/> KP CO Silver HRA 2500/50/HSA
employer contribution |
| <input type="checkbox"/> KP Select CO Gold 500/20 ² | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> KP Select CO Silver 1200/35 ² | <input type="checkbox"/> \$600 |
| <input type="checkbox"/> KP Select CO Silver 1500/50 ² | <input type="checkbox"/> \$700 |
| <input type="checkbox"/> KP Select CO Silver 2000/30/HSA ² | <input type="checkbox"/> KP CO Silver PPO 1500/40 ¹ |
| <input type="checkbox"/> KP Select CO Bronze 4500/50 ² | <input type="checkbox"/> KP Select CO Silver HRA 1500/30 ² |
| <input type="checkbox"/> KP Select CO Bronze 3500/40/HSA ² | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> KP Select CO Bronze 4500/50%/HSA ² | <input type="checkbox"/> \$600 |
| | <input type="checkbox"/> \$700 |
| | <input type="checkbox"/> KP Select CO Silver PPO 1500/40 ^{1,2} |

Groups with five or more enrolled employees can select up to three plans. Groups with less than five enrolled employees can select one plan. 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).

"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."

¹ The Preferred Provider Organization (PPO) plans are underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc. For Out of Area PPO Employees only.

² KP Select is only available to employees living in qualified zip codes in Colorado Springs.

Same Gender Domestic Partner Coverage

Do you wish to select Same Gender Domestic Partner Coverage? Yes No

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.

Eligibility Requirements

Total number of employees in group _____

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 enrolling with Kaiser Permanente _____

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.

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 the initial waiting period to make all your employees eligible at this time

Employee Rate Information

Beginning January 1, 2014, Health Care Reform has defined new standards for small group rates. Rates will be based at the member level using community rating by class. Rates may vary based on the following factors:

- Geographic area
- Age limited to a ratio of three to one for adults
- There will be three uniformed age bands:
 1. Child age bands — a single age band from age 0 to 20
 2. Adult age bands — one-year age bands from age 21 to 63
 3. Older adults — a single age band for age 64 and older

In compliance with Colorado state insurance regulations, monthly rates for all groups who enroll in Kaiser Permanente small group plans are rated based on each member's age on the effective date of the contract. This rating model calculates family rates by summing the individual member rates of covered family members under a single policy.

Members will be rated using their age as of the date of the group's issuance or policy contract date, regardless of when the member joins the policy.

How did you obtain your Kaiser Permanente Rate Quote?

General Agency _____ (name of GA)

Broker _____ (name of quoting vendor)

Kaiser Permanente

Colorado Division of Insurance Reporting Requirements

To comply, please provide the following information

1. Total number of employees working at least 30 hours within Colorado _____
outside of Colorado _____

Options available:

- Fixed dollar contribution must be at least \$125 per month per subscriber \$ _____
 Percent of contribution must be at least 50 percent of the lowest plan offered per month per subscriber _____%

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

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 1-50 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.