Health Plan of Nevada
A UnitedHealthcare Company

Sierra Health and Life
A UnitedHealthcare Company

UnitedHealthcare

Nevada Large Group (51+) Application

Attachment A to the Group Enrollment Agreement ("GEA")

Because the information provided herein initiates the Health Plan of Nevada, Inc. (HPN), and/or Sierra Health and Life Insurance Group, Inc. (SHL) procedures that produce your GEA and billing statement, it is important that you complete this information accurately and return it promptly. Please type or print neatly with black ink. All fields of this Attachment A must be completed.

SECTION 1: Group Profile

☐ Submit a new application

☐ Request change(s) on application for Group # ______________________

Requested Effective Date (mm/dd/yyyy)

Group Legal Name **DBA/Doing Business As** (if applicable)			**Number of Years in Business**
Street Address (PO Box not accepted)	**City**	**State**	**Zip Code**
Billing Address (if different from above)	**City**	**State**	**Zip Code**
Mailing Address (if different from above)	**City**	**State**	**Zip Code**

Phone Number (xxx-xxx-xxxx)	**Federal Tax ID Number**	**SIC No.**	**Nature of Business**

Group Officer Name (Signature in Section 15 must match)	**Group Officer Title**
Group Officer E-mail Address	**Group Officer Phone Number** (xxx-xxx-xxxx)
Enrollment Contact Name (if different from Group Contact)	**Enrollment Contact E-mail Address**
Billing Contact Name (if different from Group Contact)	**Billing Contact E-mail Address** (for electronic billing)

Group Organization Type (select one of the following)

☐ Corporation ☐ Partnership ☐ Limited Liability Corporation (LLC)

☐ Sub-Chapter S Corporation ☐ Non-Profit ☐ Limited Liability Partnership (LLP) ☐ Other ________________

Association, Trust or Professional (A/T/P) Employer Organization (please select one of the following)

☐ Associations of Church Plans ☐ Employer Association ☐ Multiple Employer Trust (MET)

☐ Controlled Group ☐ Multiemployer Plan or Taft Hartley Plan ☐ Multiple Employer Welfare Arrangement (non-plan MEWA)

Is your group a Professional Employer Organization (PEO) or other such entity that is a co-employer with your client(s) or client-site employee(s)?

☐ Yes ☐ No

If you answered Yes, then by signing this application you agree with the certification in this section. I hereby certify that my company is a PEO or other such entity and that only those employees that are the corporate employees of my company, and not my co-employees, are permitted to enroll in this group policy. If my group at any point after I sign this application determines that the group will provide coverage to the co-employees under the group's plan, I understand that Health Plan of Nevada/Sierra Health and Life will not cover the co-employees under this group policy.

Subject to ERISA Regulation? ☐ Yes ☐ No (if No, please select one of the following):

☐ No, due to Churches–Non-ERISA/Non-Government

☐ No, due to Indian Health Services–Non-ERISA/Non-Government

☐ No, due to Indian Tribe–Non-ERISA/Non-Government

☐ No, due to Foreign Embassies–Non-ERISA/Non-Government

☐ No, due to Federal Government

☐ No, due to Government/Non-Federal

☐ No, due to Foreign Government

☐ No, due to Non-ERISA Other ______________________________

Are there any other Divisions, Subsidiaries or Affiliates that are part of the Group's business?	☐ Yes (If yes, complete the information below) ☐ No			
Name	Tax ID	Physical Address	Applying for Coverage with HPN/SHL	% ownership
			☐ Yes ☐ No	
			☐ Yes ☐ No	
☐ *see attached list*				

A copy of the Quarterly Wage and Tax Statement must be provided for each to be included for coverage.
If you file or are eligible to file multiple businesses under one tax ID number, all businesses must be included as one group.

SECTION 2: Employer/Employee Contribution(s)/Participation

Description of Eligible Employees:

A. Those persons that are bona fide employees of the Group; and
B. Meet the following criteria:
- Be employed full-time,
- Be in an active employment status,
- Work at least the minimum number of hours per week indicated by the Group in this Attachment A to the GEA (typically thirty (30) hours),
- Meet the applicable waiting period indicated by the Group in this Attachment A to the GEA,
- Enroll during an enrollment period,
- Work for an employer that meets the Minimum Employer Contribution Percentage for the applicable coverage as set forth in this Attachment A to the GEA, and
- Live or physically work in the Service Area (HPN Only)

Minimum Employee Participation Percentage: Large Groups must enroll 50% of all Eligible Employees excluding waivers for other coverage.

Calculating Average Total Number of Employees: Under Health Care Reform law, the number of employees means the average number of employees employed by the company during the preceding calendar year. An employee is typically any person for which the company issues a W-2, regardless of full-time, part-time or seasonal status or whether or not they have medical coverage. To calculate the annual average, add all the monthly employee totals together, and then divide by the number of months you were in business last year (usually 12 months). When calculating the average, consider all months of the previous calendar year regardless of whether you had coverage with us, had coverage with a previous carrier or were in business but did not offer coverage. Use the number of employees at the end of the month as the "monthly value" to calculate the year average. If you are a newly formed business, calculate your prior year average using only those months that you were in business. Use whole numbers only (no decimals, fractions or ranges).

Average Total Number of Employees:

__________ Employees

(applies only to Groups of 150 or less employees)

A. **COBRA**: Under federal law, if your Group had 20 or more employees on your payroll on at least 50% of the Group's working days during a calendar year, you must provide employees with COBRA continuation effective the next calendar year.

Is your company currently subject to COBRA? ☐ Yes ☐ No

B. Which one applies to your Group? ☐ Medicare is primary (groups less than 20 employees) ☐ HPN/SHL plan is primary (groups 20 or more employees)

C. Does your Group offer Workers' Compensation? ☐ Yes ☐ No

Participation					Contribution			
** Eligible Employees (including employed owners/officers) work at least 30 hours/week, not including those working on a temporary or substitute basis*		Product Type	# Employees Enrolling	# Employees currently waiving Group coverage		Minimum Employer Contribution	Employer %	Employer for Dependent %
# of Eligible Employees*		Medical			Medical	50%		
# of Ineligible Employees		Dental			Dental			
Total # of Employees		Vision			Vision			
How many work or live outside the state of Nevada?		Basic EE Life/AD&D			Basic EE Life/AD&D	100%		
Number of Employees currently in the required probationary/waiting period?		Basic Dep Life/AD&D			Basic Dep Life/AD&D	0%		
Number of Employees currently on COBRA?		Supp EE Life/AD&D			Supp EE Life/AD&D	0%		
		Supp Dep Life/AD&D			Supp Dep Life/AD&D	0%		

SECTION 3: Employee Eligibility

Will all current enrolled Eligible Employees be covered on the Effective Date of this Plan?	☐ Yes	☐ No	
If no, will they have the same Waiting Period as future Eligible Employees?	☐ Yes	☐ No	
Will the Group waive the Group Waiting Period?	☐ Initial Only	☐ No	
Do you have an orientation period?	☐ Yes	☐ No	
Will Eligibility Documentation be waived?	☐ Initial	☐ Initial and Ongoing	☐ No

SECTION 4: Benefit Class Eligibility

Probationary / Waiting Period policy for future Eligible Employees

Specify class name below	Select either Category A or B for your group. Then specify within the chosen category for each class of employees.			
	Category A Date of Hire		*Category B First of Month Following*	
All Eligible Employees	☐ No Wait ☐ 60 days	☐ 30 days ☐ 90 days	☐ Date of Hire ☐ 30 days ☐ 60 days	☐ 1 month ☐ 2 months
Class 1:	☐ No Wait ☐ 60 days	☐ 30 days ☐ 90 days	☐ Date of hire ☐ 30 days ☐ 60 days	☐ 1 month ☐ 2 months
Class 2:	☐ No Wait ☐ 60 days	☐ 30 days ☐ 90 days	☐ Date of hire ☐ 30 days ☐ 60 days	☐ 1 month ☐ 2 months
Class 3:	☐ No Wait ☐ 60 days	☐ 30 days ☐ 90 days	☐ Date of hire ☐ 30 days ☐ 60 days	☐ 1 month ☐ 2 months

If there are special provisions, please list below:

A: Leave of Absence |B: Part Time to Full Time policy |C: Transfer Policy | D: Rehire Policy | E: Promotion Policy
F: Reinstate Policy |G: Qualifying Event Policy | H: Newborn Policy | I: Surviving Spouse | J: Hour Bank Eligibility | K: Other

Provision Code	Class	Description	
Leave of Absence (A)	All Classes (excluding Cobra)	☐ Last Day worked (following the last day worked for the minimum hours required to be eligible) ☐ 3 Months (following the last day worked for the minimum hours required to be eligible) ☐ Other:________________________________	☐ As stated in group handbook (see attached) ☐ No, we do not offer medical coverage during a leave of absence
Look Back Period	All Classes (excluding Cobra)	☐ None ☐ 30 Days ☐ 60 days ☐ 90 Days ☐ Other:____________________	

☐ see attached list for additional provisions

SECTION 5: Group Eligibility / Options

Annual Open Enrollment Period ☐ 31 days prior to Group's Anniversary date ☐ Other:

Specify options for each class (if applicable). Name of classes will be taken from Section 4.	Minimum number of hours the Employee must work per week to be eligible for coverage (default is 30, if left blank)	Domestic Partner (DP) (Choose option(s))			Non-Medicare Retiree Plan/Option if offering
		None	DP only	DP With one Other Adult dependent	Medical Plan
All Eligible Employees					
Class 1					
Class 2					
Class 3					

SECTION 6: Health Benefit Selection (available to all benefit classes)

Health Plan of Nevada/Sierra Health and Life

Medical 1	Prescription (Rx) 1
Medical 2	Prescription (Rx) 2
Medical 3	Prescription (Rx) 3
Medical 4	Prescription (Rx) 4
Medical 5	Prescription (Rx) 5

1. Do you or any third party on your behalf, in any way fund or subsidize any portion of a member's cost sharing responsibilities (deductibles, coinsurance, or copays)? ☐ Yes ☐ No

   ☐ No third party arrangement ☐ Gap/Wrap ☐ HSA ☐ Other ______________________

2. Does this group have a flex plan under Section 125 of the Internal Revenue Service Code? ☐ Yes ☐ No

If selecting a HSA Plan, please answer the following below: Are you contributing toward the cost of a HSA? If "Yes", name of TPA: ________________________________ Name of Bank: ______________________________________	Benefit Option (select one): ☐ BHO+ ☐ EAP ☐ TLC

SECTION 7: Health Plan of Nevada/Sierra Health and Life Ancillary Benefit Selection

Dental	Vision

SECTION 8: Nevada Pacific Dental DHMO Ancillary Benefit Selection

products are underwritten or provided by Nevada Pacific Dental

Dental HMO

SECTION 9: UnitedHealthcare Benefit Selection

UnitedHealthcare Life Insurance *coverage provided by UnitedHealthcare Insurance Group*

	Basic Life/AD&D	Amount of Insurance $ (Min $15,000)	Supp Life/AD&D	Amount of Insurance $
Employee				
Dependent				

UnitedHealthcare Dental PPO/Vision Insurance *coverage provided by UnitedHealthcare Insurance Group*

Dental PPO	
Vision	

SECTION 10: Riders/Optional Benefits Selection

Health Plan of Nevada/Sierra Health and Life Riders/Optional Benefits *(group level)*

☐

☐

SECTION 11: Prior Group Health Benefit Coverage

Does this Health Benefit replace current coverage?	If yes, Carrier is/was:	Termination Date is/was (mm/dd/yyyy)
Health ☐ Yes ☐ No		
Dental ☐ Yes ☐ No		
Vision ☐ Yes ☐ No		

SECTION 12: Employee Certificates and Group Plan Documents

Employee Certificates:
All Employee documents (EOC / COC / SBC / etc.) will be provided electronically. Members will individually have the option to request printed copy documentation of plan documents once they have enrolled.

Group Plan Documents:

☐ **(Please check here)** I understand that the Certificate of Coverage or Summary Plan Description, and other documents, notices and communications regarding the coverage indicated on this application may be transmitted electronically to me and to the group's employees and I confirm that I routinely use electronic communication during the normal course of business. This consent remains in effect until it is withdrawn. The group may withdraw their consent at any time or request a document in a paper or non-electronic form.

SECTION 13: General Agreement

Health Plan of Nevada/Sierra Health and Life:

I, the undersigned, understand and agree that this application is for the healthcare coverage offered by Health Plan of Nevada, and/or Sierra Health and Life Insurance Company, Inc., and will form a part of any Agreement issued in reliance upon it; and acceptance of the Group for coverage and the final rates are based upon the above information and the census of actual enrollees; and any material misrepresentation therein, will permit HPN and/or SHL to terminate such coverage. I represent that the information contained herein is true and correct. I acknowledge that my Representative has explained the coverage, limitations and exclusions, and other details of the coverage for which I applied. I understand and agree it is my responsibility to offer coverage to all Eligible Employees and their Eligible Family Members; and I will provide to HPN, and/or SHL, an Enrollment Form or a Waiver Form signed by each employee within thirty-one (31) days of his/her eligibility date; and collect any employee contribution(s) toward any payments/premium due (these documents will become part of this application). I understand and agree that my Group must maintain a minimum participation and contribution level for the coverage to continue under this Agreement (with the exception of Open Enrollment Periods November 15 – December 15).

If the information regarding SHL's high deductible Health Benefit Plan is determined to be inaccurate, my Group may be subject to a rate and/or Health Plan change to maintain compliance with SHL's underwriting requirement.

It is also understood that any existing coverage presently being provided to employees should not be canceled until written approval of this application has been received. A one-month deposit is being submitted, to be held without obligation until this application is approved. If the application is approved, the deposit will be applied to the first month's Prepayment Fees/Premium under this Agreement. If coverage does not become effective, the deposit will be refunded. I understand that persons not eligible for coverage are not entitled to enroll in the Plan.

Nevada Pacific Dental:

I understand and agree that the first month's estimated premium and fully completed enrollment information for all eligible persons requesting insurance coverage must be submitted with this Application BEFORE action is taken on this Application. Coverage is not in effect unless and until I receive notification of acceptance from the Company. If this Application is declined, the Company will return the premium deposit submitted with the Application. If my coverage is approved, premium is payable monthly in advance.

I represent that, to the best of my knowledge, the information I have provided in this Application, including information regarding qualified beneficiaries and Dependents who have elected continuation under COBRA or state continuation laws, is accurate and truthful. I understand that the Company will rely on the information I provide in determining eligibility for coverage, setting premium rates, and other purposes, and that any misrepresentation or fraudulent statement may result in rescission of the group Contract, termination of coverage, increase in premiums, or other consequences as permitted by law.

SECTION 13: General Agreement

I agree that the Company shall be entitled to rely on the most current information in its possession regarding eligibility of employees and their Dependents in providing coverage under this Contract. I understand and agree that I am responsible for notifying the Company promptly of any changes in this information that may affect the eligibility of employees or their Dependents, including the addition of newly eligible employees or Dependents. I understand that the Evidence of Coverage or Summary Plan Description, and other documents, notices and communications regarding the coverage indicated on this Application may be transmitted electronically to me and to the Group's employees.

Nevada Pacific Dental, Inc. disclosure regarding producer compensation: We pay brokers and agents (referred to collectively as "producers") compensation for their services in connection with the sale of our insured products, in compliance with applicable law. We pay "base commissions" based on factors such as product type, amount of premium, group size and number of employees. These commissions are reflected in the premium rate. In addition, we may pay bonuses pursuant to bonus programs established from time to time which are designed to encourage the introduction of new products and provide incentives to achieve production targets, persistency levels, growth goals or other objectives. Bonuses are not reflected in the premium rate but are paid from our general administrative expenses. In general, our total bonuses are less than 10% of total producer compensation paid. It is our policy not to pay commissions to producers with respect to a product for which the customer is also paying the producer a commission or other fee. Please note we also make payments from time to time to producers for services other than those relating to the sale of contracts (for example, compensation for services as a general agent or as a consultant).

Producer compensation is subject to disclosure on Schedule A of the ERISA Form 5500 for customers governed by ERISA. We provide Schedule A reports to our customers. We also have taken steps to ensure that producers properly disclose their compensation arrangements to their customers, but we cannot guarantee the producer's compliance. For general information on our producer payment arrangements, including the approximate percentage of total compensation that total bonus payments comprise, please go to http://www.uhc.com and click on the drop down box for employers under "View Our Programs – Producer Payment Programs." For specific information about the compensation payable with respect to your particular Contract, please contact your producer.

FRAUD WARNING STATEMENT: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

UnitedHealthcare:

I understand that the Certificate of Coverage or Summary Plan Description, and other documents, notices and communications regarding the coverage indicated on this application may be transmitted electronically to me and to the Group’s employees.

I represent that, to the best of my knowledge, the information I have provided in this application – including information regarding qualified beneficiaries and dependents who have elected continuation under COBRA or state continuation laws – is accurate and truthful. I understand that UnitedHealthcare and Affiliates will rely on the information I provide in determining eligibility for coverage, setting premium rates, and other purposes, and that any intentional misrepresentation, fraudulent statement, or omission that constitutes fraud may result in rescission of the group policy, termination of coverage, increase in premiums retroactive to the policy date, or other consequences as permitted by law.

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information, or conceals information for the purpose of misleading, in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In some instances, we pay brokers and agents (referred to collectively as "producers") compensation for their services in connection with the sale of our products, in compliance with applicable law. In certain states, we may pay "base commissions" based on factors such as product type, amount of premium, group/company size and number of employees. These commissions, if applicable, are reflected in the premium rate. In addition, we may pay bonuses pursuant to programs established to encourage the introduction of new products and provide incentives to achieve production targets, persistency levels, growth goals or other objectives. Bonus expenses are not directly reflected in the premium rate but are included as part of the general administrative expenses. Please note we also make payments from time to time to producers for services other than those relating to the sale of policies (for example, compensation for services as a general agent or as a consultant).

Producer compensation may be subject to disclosure on Schedule A of the ERISA Form 5500 for customers governed by ERISA. We provide Schedule A reports to our customers as required by applicable federal law. For specific information about the compensation payable with respect to your particular policy, please contact your producer.

SECTION 14: Representative (Agent/Broker)

I have explained the coverage, limitations, and exclusions of the coverage for which my client has applied including the Managed Care guidelines and provisions of the (s) with my client.

Representative (Agent/Broker) 1

Agent/Broker Name			% Split
Agency Name		Federal Tax ID or Social Security Number	
Email Address			
Address	City	State	Zip Code
Phone Number (xxx-xxx-xxxx)	Fax Number (xxx-xxx-xxxx)		
Signature		Date (mm/dd/yyyy)	

Representative (Agent/Broker) 2

Agent/Broker Name			% Split
Agency Name		Federal Tax ID or Social Security Number	
Email Address			
Address	City	State	Zip Code
Phone Number (xxx-xxx-xxxx)	Fax Number (xxx-xxx-xxxx)		
Signature		Date (mm/dd/yyyy)	

SECTION 15: Signatures

Signature of Group Officer (Name in Section 1 must match)	Date (mm/dd/yyyy)

WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance Group for the purpose of defrauding or attempting to defraud the Group, penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance Group or agent of an insurance Group, 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 Division of Insurance.

Glossary Terms

Associations of Church Plans: An Association of Church Plans is a group of churches or synagogues that join together under federal law and sponsor a single group health plan. Examples include Catholic Dioceses and Lutheran Synods. Church employees may be employed by either the local church or by the parent organization, i.e., the dioceses or the synod depending on their structure.

Controlled Group: A controlled group of businesses is a group of related businesses (corporations, partnerships) that have common ownership and control. If a controlled group exists as defined by the IRS, the group is eligible to sponsor a single group health plan.

Corporation: A Legal entity created under state or federal law to conduct business or another lawful purpose. The income of a corporation is taxed separately from its owners. Also known as a C Corporation.

Employer Association: An employer association is a group of employers in the same trade or industry. The association must generally have a representational interest in the member-employers beyond just health insurance. There are employer associations in both the private sector (trade associations) and the public sector (groups of cities, counties, agencies when permitted by law.) Both types of employer associations are permitted to be the sponsor of a single group health plan.

Limited Liability Corporation (LLC): The LLC is an unincorporated entity, created under state law. The goal is to have an entity which limits the liability of its owners (members) and to "pass through" taxation so that income is only taxed once (Not twice as is the case with corporations). The member's liability in the LLC is limited in the LLC is limited to his or her investment in the business. The LLC will be taxed at the federal level either as a corporation or a partnership. LLCs are suited for real estate companies, hedge funds, certain health care entities (IPAs), as well as professional firms. State law regarding LLCs continues to evolve.

Limited Liability Partnership (LLP): The LLP is a general partnership in form, created under state law. All partners in a LLP share equally in the profits and losses. This means that the LLP does not pay federal income taxes at the company level. Partners report their share of earnings and losses on their 1040. Unlike a general partnership, in which individual partners are liable for the partnership's debts and obligations, an LLP provides each of its individual partner's protection against personal liability for certain partnership liabilities. LLPs are suited for professionals, such as doctors, lawyers, and accountants due to the liability protections, but this depends on the particulars of state law.

Multiemployer Plan or Taft Hartley: A multiemployer plan is a bona fide collectively bargained plan (i.e., Teamsters, Bricklayers) where employees of more than one employer participate in the plan.

Multiple Employer Trust (MET): A funding arrangement used to finance group health plan benefits for the employees of two or more public sector employers such as school or utility districts.

MEWA: A multiple employer welfare arrangement or MEWA is a group health plan offering benefits to the employees of two or more employers, except this term does not include a Taft Hartley collectively bargained plan (e.g., multiemployer plan.)

Non-Profit: A nonprofit organization (NPO, also known as a non-business entity) is an organization with the purpose of which is something other than making a profit. The nonprofit landscape is highly varied, although many people have come to associate NPOs with charitable organizations.

Partnership: A partnership is the relationship existing between two or more persons who carry on a trade or business. A partnership may be unincorporated or a LLC formed under state law. The partnership passes income and losses on its partners and avoids the double taxation of income.

Professional Employer Organization (PEO): A PEO is a firm that provides employee management tasks such as benefits, payroll, workers compensation, and job training. Many times the PEO exercises control over the work performed by the hired individual. When that happens, the labor law considers the PEO to be a co-employer of the hired individual and the PEO may be the sponsor of a single group health plan.

Sub-Chapter S Corporation: Subchapter S (S Corporation) is a form of corporation that meets specific Internal Revenue Code requirements, giving a corporation with 100 shareholders or less the benefit of incorporation while being taxed as a partnership.