

Return all paperwork to: **ConnectiCare Small-Group Sales, 175 Scott Swamp Road, Farmington, CT 06034-4050**

IMPORTANT: Eligibility/Enrollment Facts

1. In order to ensure that your group receives its ID cards/member materials for the requested effective date, we require a 15th of the month submission date. If a case submission is not complete and received in a timely manner, we will require the completion of a Late Submission Form. Groups submitted after the 15th of the month are not guaranteed approval for the requested effective date.
2. Participation requires 75% of all eligible employees for groups of 2-9, 65% participating for groups of 10-50 (working 30 hours or more per week). Employees with proof of spousal coverage are not counted in the 75% or 65%.
3. Employer is required to read, complete and sign the Application indicating plan choice. Subsequent plan changes are available only on group renewal date.
4. Each enrolling employee must fully complete all sections of the ConnectiCare Group Enrollment/Change Form and select a PCP. (Even if selecting an open access plan.)
5. Each employee must complete, date and sign the "Family Health Statement". All "yes" answers must be explained. (on front and back) (N/A for Massachusetts domiciled employer groups)
6. All businesses with employees must submit the applicable state's quarterly earnings report*:
 - Connecticut UC-5A/UC2
 - Massachusetts WR-1

* Sole Proprietorship (Not on Quarterly Earnings Report) Submit one of the following: Schedule C filed with IRS 1040 (profit or loss from business), Schedule F, filed with IRS 1040 (profit or loss from farming)	* Partnership (Not on Quarterly Earnings Report) Submit one of the following: Form 1065, also filed with IRS 1040, this should include K-1's for each partner	* Corporation (Not on Quarterly Earnings Report) Submit one of the following: 1120 C-Corporation 1120C S-Corporation 1120S
--	---	---
7. Complete New Business Certification Statement, if applicable.
8. Please submit first month's premium payable to ConnectiCare.
9. Agent Information must be completely filled out to obtain commission, including the tax ID #'s. Agents must be licensed, and appointed with ConnectiCare.
10. Products are available based on ZIP code of employer.

Small-Group Case Submission Checklist (1-50 lives)

- Small-Group Employer Application **with plan option choice and pharmacy option - completed and signed.**
- Copy of Sold Quote
 - New Hire Waiting Period (cannot be less than 0/greater than 180 days)
- First Month's Premium - **Please make check payable to ConnectiCare.**
- ConnectiCare Enrollment Forms **dated and signed**
- Family Health Statements[†] for every eligible employee **dated and signed (not required for Massachusetts-based Employer Groups)**
 - Number of hours worked *must* be completed on Family Health Statement*
 - All "yes" answers must include explanations on Family Health Statement* (on front and back)
- Applicable Spousal/Medicare/Medicaid/Parental/Retiree Waivers to meet Underwriting Guidelines (Complete the Waiver Form or Family Health Statement.)
- Copy of the current carrier bill to provide proof of prior coverage
- * Copy of employers **most recent Tax Filing State Quarterly Wage & Tax Form** (UC2/UC5A for CT, WR1 for MA; Schedule C for a one-life group)
- Everyone on tax documentation must be accounted for (i.e. - # of waivers + # of enrollment forms = total eligibles).

[†]Family Health Statements are **not** required for Massachusetts employers.
Waiver forms explain which waivers do and do not affect participation.


ConnectiCare[®]
One of America's highest-rated health plans
www.connecticare.com

Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO is underwritten by ConnectiCare, Inc.; Individual POS is underwritten by ConnectiCare Insurance Company, Inc. In Massachusetts: Group HMO and POS coverage is underwritten by ConnectiCare of Massachusetts, Inc. In New York: HMO and POS is underwritten by ConnectiCare of New York, Inc. PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc. Voluntary products are distributed by Producer Partners, Inc., and coverage is underwritten by Boston Mutual Insurance Company.

Return all paperwork to: **ConnectiCare Small-Group Sales, 175 Scott Swamp Road, Farmington, CT 06034-4050**

Company Information

1. Legal Business Name _____ Small Group # _____
ConnectiCare use only
2. Physical Address _____ P.O. Box _____
City _____ State _____ Zip _____ Phone () _____ Fax () _____
E-mail _____ SIC Code _____
3. Nature of Business _____ Billing/Contact Person _____
4. Number of Full-Time eligible Employees (working 30 or more hours per week) _____ | _____ % Participation
Number enrolled _____ Number of spousal/applicable waivers _____ Number of "other" waivers _____
5. Desired Effective Date _____ Sold Quote # _____
New Hire Waiting Period 0 30 60 90 180 Days First of month following new hire waiting period selected
Is this a Replacement Group Case? Yes No Prior Carrier Name _____
 ConnectiCare is the sole carrier for medical coverage.
6. Organization Type: Corporation Partnership Sole Proprietorship Other _____
7. Other company affiliates, subsidiaries: _____
8. Federal Tax Identification Number _____ Business Effective Date _____ Current Ownership Date _____
9. Premium \$ _____ Check # _____ Composite Rated (Group 25-50 in Connecticut, all Massachusetts groups)
 List Rated (Connecticut groups only) Other Options: Dual Option (2-50) Triple Option (3-50)
10. Small Employer Certification: Pursuant to Connecticut Public Act 90-134 ("PA90-134"), as amended, and Massachusetts provision of chapter 176J of the Massachusetts Insurance laws, carriers doing business in the small employer market in the states of Connecticut and Massachusetts are responsible for determining if an employer group meets the eligibility criteria for small employers. The guaranteed issue and renewability provision and ConnectiCare's underwriting guidelines are contingent upon this criteria being met. Certification of eligibility is required herein and prior to renewal. Company hereby certifies that it is a small group under applicable state law. Your Group Health Plan will become effective upon approval of ConnectiCare. I certify that the information herein is true and complete to the best of my knowledge. I also certify that all eligible employees are covered by Workers' Compensation insurance except when exempt under applicable law and all employees have equal access to ConnectiCare. I agree to immediately notify ConnectiCare of any changes to the information provided herein. On behalf of the employer, I also agree to the terms and conditions of the Group Membership Agreements, including any riders and addendums, that govern the plans issued by ConnectiCare to the employer. I understand that false and/or incomplete responses or statements may result in cancellation or rescission of coverage. ConnectiCare reserves the right to request any reasonable documentation from company, firms, subscribers or dependents in order to verify eligibility.
- Employer Signature **X** _____ Title _____ Date _____

Agent Information

11. Agency Name _____ Agent Name _____
12. Address _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____ Commission Paid to: Agency Agent
Social Security # or Tax ID-06# _____ ConnectiCare Appointment Yes No
Must be completed to ensure proper commission payment.
13. I have reviewed the answers on all applications and forms and I am not aware of any additional information that would affect the underwriting of this case. I agree to immediately notify ConnectiCare of any changes to the information provided herein or become aware of any information that could affect the underwriting of this case. I certify that each employee has completed and signed all forms, and selected a PCP.
- Agent Signature **X** _____ Date _____

(See Part 2 for plan selection.)

Return all paperwork to: **ConnectiCare Small-Group Sales, 175 Scott Swamp Road, Farmington, CT 06034-4050**

ConnectiCare, Inc. (CCI): HMO-OA Plans 1. <input type="checkbox"/> HMO-OA 10-20 AAAA 2. <input type="checkbox"/> HMO-OA 15-25 AABA 3. <input type="checkbox"/> HMO-OA 20-30 AACA 4. <input type="checkbox"/> HMO-OA 20-30 AADA 5. <input type="checkbox"/> HMO-OA 30-45 AADA 6. <input type="checkbox"/> HMO-OA 30-45 AAHA 7. <input type="checkbox"/> HMO-OA 30-45 UAFA 8. <input type="checkbox"/> HMO-OA 30-45 UAGA 9. <input type="checkbox"/> HMO-OA 30-45 UAJA HMO-PCP Plans 10. <input type="checkbox"/> HMO-PC 10-20 AAAA 11. <input type="checkbox"/> HMO-PC 15-25 AABA 12. <input type="checkbox"/> HMO-PC 15-25 DAMA 13. <input type="checkbox"/> HMO-PC 20-30 AACA 14. <input type="checkbox"/> HMO-PC 20-30 AADA 15. <input type="checkbox"/> HMO-PC 20-30 DAOA 16. <input type="checkbox"/> HMO-PC 20-30 DAPA 17. <input type="checkbox"/> HMO-PC 30-45 AAHA 18. <input type="checkbox"/> HMO-PC 30-45 AADA POS-OA Plans 19. <input type="checkbox"/> POS-OA 10-20 AASA 20. <input type="checkbox"/> POS-OA 15-25 AATA 21. <input type="checkbox"/> POS-OA 15-25 DAUA 22. <input type="checkbox"/> POS-OA 20-30 DAWA 23. <input type="checkbox"/> POS-OA 20-30 AAXA 24. <input type="checkbox"/> POS-OA 30-45 AAYA POS-PCP Plans 25. <input type="checkbox"/> POS-PC 10-20 AASA 26. <input type="checkbox"/> POS-PC 15-25 AATA 27. <input type="checkbox"/> POS-PC 20-30 AAXA 28. <input type="checkbox"/> POS-PC 30-45 AAYA Other <input type="checkbox"/> Medicare HMO-OA 15A <input type="checkbox"/> Statutory Plan (Small Employer Plan) Pharmacy Option: A. <input type="checkbox"/> \$10/\$20/\$35 B. <input type="checkbox"/> \$15/\$30/\$40 C. <input type="checkbox"/> \$200 Ded. \$15/\$30/\$40 Dual or Triple Plan # _____ Rx _____ Plan # _____ Rx _____ Plan # _____ Rx _____ Indicate sold plan number and Rx letter.		ConnectiCare of Massachusetts, Inc. (CMI): Mass. HMO-OA Plans 29. <input type="checkbox"/> MAH-OA 10-20 AAAA 30. <input type="checkbox"/> MAH-OA 15-25 AABA 31. <input type="checkbox"/> MAH-OA 15-25 UBBA 32. <input type="checkbox"/> MAH-OA 20-30 AACA 33. <input type="checkbox"/> MAH-OA 30-40 UBCA 34. <input type="checkbox"/> MAH-OA 30-40 ABDA Mass. HMO-PCP Plans 35. <input type="checkbox"/> MAH-PC 10-20 AAAA 36. <input type="checkbox"/> MAH-PC 15-25 AABA 37. <input type="checkbox"/> MAH-PC 15-25 DBEA 38. <input type="checkbox"/> MAH-PC 20-30 AACA 39. <input type="checkbox"/> MAH-PC 20-30 DBFA 40. <input type="checkbox"/> MAH-PC 30-40 ABDA Mass. POS-OA Plans 41. <input type="checkbox"/> MAP-OA 10-20 ABGA 42. <input type="checkbox"/> MAP-OA 15-25 ABHA 43. <input type="checkbox"/> MAP-OA 20-30 ABIA 44. <input type="checkbox"/> MAP-OA 30-40 ABJA Mass. POS-PCP Plans 45. <input type="checkbox"/> MAP-PC 10-20 ABGA 46. <input type="checkbox"/> MAP-PC 15-25 ABHA 47. <input type="checkbox"/> MAP-PC 20-30 ABIA 48. <input type="checkbox"/> MAP-PC 30-40 ABJA Other <input type="checkbox"/> Medicare HMO-MA 15A Domestic Partner Rider (Massachusetts plans only): <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Affidavits must be received with paperwork. Pharmacy Option: (Only one pharmacy option per employer group) <input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> \$15/\$30/\$40 <input type="checkbox"/> \$200 Ded. \$15/\$30/\$40		ConnectiCare Dental Plans: CT Domiciled Only Network <input type="checkbox"/> Value <input type="checkbox"/> Plus <input type="checkbox"/> Premium Plan <input type="checkbox"/> \$1,000 benefit maximum <input type="checkbox"/> \$1,500 benefit maximum <input type="checkbox"/> with orthodontia Domestic Partner (Dental only) <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Affidavit must be received with paperwork.
---	--	---	--	---

HSA/HRA Plans (Connecticut employers only)

Plan selected includes pharmacy benefit.

HSA-Compatible Plans:

- | | |
|---|---|
| <input type="checkbox"/> HMO-OA-00-00-HEVI/HEWF | <input type="checkbox"/> POS-OA-00-00 HDZI/HEAF |
| <input type="checkbox"/> HMO-OA-00-00-HEZI/HFAF | <input type="checkbox"/> POS-OA-00-00 HEDI/HEEF |
| <input type="checkbox"/> HMO-OA-00-00-HFBI/HFCF | <input type="checkbox"/> POS-OA-00-00 HEHI/HEIF |
| <input type="checkbox"/> HMO-OA-00-00-HFDI/HFEF | <input type="checkbox"/> POS-OA-00-00 HEJI/HEKF |

Note: *First HSA* paperwork must be submitted directly to *First HSA*.

HRA Plan:

Available with applicable hospital and upfront deductible plans.

Note: Conexis paperwork must be attached.

ConnectiCare Network USA PPO Plan Options (Connecticut employers only)

If you have employees who reside in Massachusetts and/or New York, please check one of the following:

- All employees who reside in Massachusetts, and their dependents, are eligible for the ConnectiCare Network USA PPO Plan.
- All employees who reside in New York, and their dependents, are eligible for the ConnectiCare Network USA PPO Plan. and/or
- Only Massachusetts employees residing in Massachusetts but outside the ConnectiCare of Massachusetts, Inc. (CMI) service area (Hampden, Hampshire & Franklin Counties) are eligible for the ConnectiCare Network USA Plan for themselves and their dependents. Employees who reside in the CMI service area will be enrolled in CCI products for themselves and their dependents.
- Only New York employees residing in New York but outside the ConnectiCare of New York, Inc. (CNY) service area (Orange, Putnam, Rockland and Westchester counties) are eligible for the ConnectiCare Network USA Plan for themselves and their dependents. Employees who reside in the CNY service area will be enrolled in CCI products for themselves and their dependents.

Select one ConnectiCare Network USA Plan: (Connecticut domiciled groups only)

- PPO-10-1
- PPO-15-2
- PPO-20-1

Rx option _____



One of America's highest-rated health plans

White-ConnectiCare / Yellow-ConnectiCare / Pink-Agent/Broker

Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO is underwritten by ConnectiCare, Inc.; Individual POS is underwritten by ConnectiCare Insurance Company, Inc. In Massachusetts: Group HMO and POS coverage is underwritten by ConnectiCare of Massachusetts, Inc. In New York: HMO and POS is underwritten by ConnectiCare of New York, Inc. PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc. Voluntary products are distributed by Producer Partners, Inc., and coverage is underwritten by Boston Mutual Insurance Company.