



2024 Small Group Enrollment Application

PLEASE USE BLACK OR BLUE INK ONLY

Mail Stop 100, PO Box 1121

Lewiston, ME 04243

Fax: (207) 402-3745

Instructions: Complete this form if you are interested in group coverage for your employees. Please complete all sections of this form and submit it to your broker or Community Health Options at (207) 402-3353.

1. GENERAL INFORMATION				
Group Name:		DBA Name:		<input type="radio"/> New <input type="radio"/> Renewal
Card Name:	Date Business Established ____/____/____	Nonprofit Organization? Y / N	Tax Identification Number (EIN):	
Type of Organization:	<input type="radio"/> Corporation <input type="radio"/> Religious Non-Profit	<input type="radio"/> Partnership <input type="radio"/> LLC	<input type="radio"/> Sole Proprietor <input type="radio"/> LLP <input type="radio"/> Other	SIC Code:

2. ELIGIBILITY			
Desired Effective Date: ____/____/____	Enrollment Start Date: ____/____/____	Enrollment End Date: ____/____/____	Length of Enrollment Period: ____ Days
ELIGIBILITY FOR GROUP COVERAGE: Locations Is the group domiciled in Community Health Options' service area? <input type="radio"/> Yes <input type="radio"/> No Is the majority of the workforce in Community Health Options' service area? <input type="radio"/> Yes <input type="radio"/> No _____ # of employees outside of ME & NH Participation (70% participation is required) (Attach employee census) Number of Eligible Employees (including owners): _____ Number of Part-Time Hours (average per month): _____ Number Taking Coverage: _____ Number Waiving Coverage: _____ Number on Medicare: _____ Number on COBRA: _____		NEW HIRE PROBATIONARY PERIOD: (When should coverage start for any new employee?) <input type="radio"/> First of the month following date of hire <input type="radio"/> First of the month following 30 days <input type="radio"/> First of the month following 60 days Benefit Eligible Hours: _____ (How many hours per week does an employee need to work to be eligible for benefits?) Eligible for COBRA? <input type="radio"/> Yes <input type="radio"/> No Domestic Partner Coverage? <input type="radio"/> Yes <input type="radio"/> No	
HOW SHOULD YOUR GROUP BE RATED? <input type="radio"/> Member Level: The rating will be based on the Member's age. <input type="radio"/> Composite: The rating will be based on Member-level rates and provides a specific premium for employee-only, employee & child(ren), employee & spouse, and family coverage tiers. The final composite rate is subject to change once open enrollment is complete, or if an enrollment change occurs that would change the rate more than 10%.			
DOES THIS GROUP INTEND TO CLAIM THE SHOP TAX CREDIT? <i>No Off MP Plans may be selected if Yes is indicated here.</i>		<input type="radio"/> Yes <input type="radio"/> No	

3. CONTACTS

Primary Contact Name (Last/First):	
Primary Contact Email:	Primary Contact Phone #:
(Optional) Additional Contact Name (Last/First):	
Type of Contact: <input type="radio"/> Secondary <input type="radio"/> Billing <input type="radio"/> Human Resources <input type="radio"/> Consultant	
Additional Contact Email:	Additional Contact Phone #:
(Optional) Additional Contact Name (Last/First):	
Type of Contact: <input type="radio"/> Secondary <input type="radio"/> Billing <input type="radio"/> Human Resources <input type="radio"/> Consultant	
Additional Contact Email:	Additional Contact Phone #:

4. ADDRESSES

Primary Business Street Address (Line 1):		Address (Line 2):	
City:	State:	ZIP:	County:
Mailing/Billing Address (If different from above):		Address (Line 2):	
City:	State:	ZIP:	County:

5. EMPLOYEE CLASSES & CONTRIBUTIONS

Employee Classes:

Classes typically define employee roles or locations and are used to differentiate between contribution amounts (i.e., Full Time, Part Time; Main Office, Retail Location). Employee divisions are required for the Community Health Options enrollment portal.

What classes will be created for employees? Please include an additional sheet if more than two.

Class 1: _____ Class 2: _____

Contribution Method: Please select one method and enter details for each class indicated above.

<input type="radio"/> Tier Based: A specific contribution is calculated for employees only and a separate amount is calculated for employees and family tiers.			<input type="radio"/> Member Level: A specific contribution is calculated for employees and their dependents.		
Amounts below are in: <input type="radio"/> Dollars <input type="radio"/> Percent			Amounts below are in: <input type="radio"/> Dollars <input type="radio"/> Percent		
Tier	Class 1	Class 2	Member	Class 1	Class 2
Employee-Only: Family:	_____	_____	Employee:	_____	_____
	_____	_____	Dependents:	_____	_____
Annual HSA Amount	\$ _____	\$ _____	Annual HSA Amount	\$ _____	\$ _____
Annual HRA Starting Point	\$ _____	\$ _____	Annual HRA Starting Point	\$ _____	\$ _____
Annual HRA Amount	\$ _____	\$ _____	Annual HRA Amount	\$ _____	\$ _____
Show contribution amounts to employees?	<input type="radio"/> Yes <input type="radio"/> No		Send emails to employees for online enrollment?	<input type="radio"/> Yes <input type="radio"/> No	

6. SELECT PLANS TO BE OFFERED
<input type="radio"/> Health Options Clear Choice Bronze \$9450 PPO National Dental Off MP \$9,450 Individual/\$18,900 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental
<input type="radio"/> Health Options Clear Choice Bronze \$9450 PPO NE Dental Off MP \$9,450 Individual/\$18,900 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental
<input type="radio"/> Health Options Clear Choice Bronze \$9450 PPO NE \$9,450 Individual/\$18,900 Family Deductible; Includes Chronic Illness Support Program
<input type="radio"/> Health Options Clear Choice Bronze \$9450 HMO NE \$9,450 Individual/\$18,900 Family Deductible; Includes Chronic Illness Support Program
<input type="radio"/> Health Options Bronze \$8000 Healthy Maine PPO NE Off MP \$8,000 Individual/\$16,000 Family Deductible; Includes Chronic Illness Support Program, WellRight®
<input type="radio"/> Health Options Bronze \$8000 Healthy Maine PPO NE \$8,000 Individual/\$16,000 Family Deductible; Includes Chronic Illness Support Program, WellRight®
<input type="radio"/> Health Options Bronze \$8000 Healthy Maine HMO NE Off MP \$8,000 Individual/\$16,000 Family Deductible; Includes Chronic Illness Support Program, WellRight®
<input type="radio"/> Health Options \$8000 Healthy Maine HMO NE \$8,000 Individual/\$16,000 Family Deductible; Includes Chronic Illness Support Program, WellRight®
<input type="radio"/> Health Options Clear Choice Bronze \$7500 PPO National Dental Off MP \$7,500 Individual/\$15,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental
<input type="radio"/> Health Options Clear Choice Bronze \$7500 PPO NE Dental Off MP \$7,500 Individual/\$15,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental
<input type="radio"/> Health Options Clear Choice Bronze \$7500 PPO NE \$7,500 Individual/\$15,000 Family Deductible; Includes Chronic Illness Support Program
<input type="radio"/> Health Options Clear Choice Bronze \$7500 HMO Tiered NE Dental Off MP \$7,500/\$9,000 Individual-\$15,000/\$18,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental
<input type="radio"/> Health Options Clear Choice Bronze \$7500 HMO Tiered NE \$7,500/\$9,000 Individual-\$15,000/\$18,000 Family Deductible; Includes Chronic Illness Support Program
<input type="radio"/> Health Options Clear Choice Bronze \$7500 HMO NE \$7,500 Individual/\$15,000 Family Deductible; Includes Chronic Illness Support Program
<input type="radio"/> Health Options Clear Choice Bronze \$7200 HSA Plus PPO National Dental Off MP \$7,200 Individual/\$14,400 Family Deductible; Includes Pediatric Dental, Preventive Drug List
<input type="radio"/> Health Options Clear Choice Bronze \$7200 HSA Plus PPO NE \$7,200 Individual/\$14,400 Family Deductible; Includes Preventive Drug List
<input type="radio"/> Health Options Clear Choice Bronze \$6300 HSA Plus PPO National Dental Off MP \$6,300 Individual/\$12,600 Family Deductible; Includes Pediatric Dental, Preventive Drug List
<input type="radio"/> Health Options Clear Choice Bronze \$5900 HSA PPO NE \$5,900 Individual/\$11,800 Family Deductible; Includes WellRight®
<input type="radio"/> Health Options Clear Choice Silver \$5500 PPO National Dental Off MP \$5,500 Individual/\$11,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental, WellRight®
<input type="radio"/> Health Options Clear Choice Silver \$5500 HMO Tiered NE Dental Off MP \$5,500/\$6,600 Individual-\$11,000/\$13,200 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental, WellRight®
<input type="radio"/> Health Options Clear Choice Silver \$5500 HMO NE Dental Off MP \$5,500 Individual/\$11,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental, WellRight®
<input type="radio"/> Health Options Clear Choice Silver \$4500 HSA HMO Tiered NE Dental Off MP \$4,500/\$5,400 Individual-\$9,000/\$10,800 Family Deductible; Includes Pediatric Dental
<input type="radio"/> Health Options Clear Choice Silver \$4500 HSA HMO NE Dental Off MP \$4,500 Individual/\$9,000 Family Deductible; Includes Pediatric Dental
<input type="radio"/> Health Options Clear Choice Silver \$4200 PPO National Dental Off MP \$4,200 Individual/\$8,400 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental
<input type="radio"/> Health Options Clear Choice Silver \$4200 PPO NE \$4,200 Individual/\$8,400 Family Deductible; Includes Chronic Illness Support Program

<p>O Health Options Clear Choice Silver \$4200 HMO Tiered NE Dental Off MP \$4,200/\$5,040 Individual-\$8,400/\$10,080 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Silver \$4200 HMO Tiered NE \$4,200/\$5,040 Individual-\$8,400/\$10,080 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Silver \$4200 HMO NE \$4,200 Individual/\$8,400 Family Deductible; Includes Chronic Illness Support Program</p>
<p>O Health Options \$4000 HMO National Off MP \$4,000 Individual/\$8,000 Family Deductible; Includes Chronic Illness Support Program</p>
<p>O Health Options Clear Choice Silver \$4000 HSA Plus PPO National Dental Off MP \$4,000 Individual/\$8,000 Family Deductible; Includes Pediatric Dental, Preventive Drug List</p>
<p>O Health Options Clear Choice Silver \$4000 HSA PPO NE Dental Off MP \$4,000 Individual/\$8,000 Family Deductible; Includes Pediatric Dental, Preventive Drug list, WellRight®</p>
<p>O Health Options Clear Choice Silver \$4000 HSA HMO NE Dental Off MP \$4,000 Individual/\$8,000 Family Deductible; Includes Pediatric Dental</p>
<p>O Health Options Clear Choice Silver \$3500 PPO National Dental Off MP \$3,500 Individual/\$7,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Silver \$3500 PPO NE Dental Off MP \$3,500 Individual/\$7,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Silver \$3500 PPO National \$3,500 Individual/\$7,000 Family Deductible; Includes Chronic Illness Support Program</p>
<p>O Health Options Clear Choice Silver \$3500 HMO Tiered NE Dental Off MP \$3,500/\$4,200 Individual-\$7,000/\$8,400 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Silver \$3500 HMO Tiered NE \$3,500/\$4,200 Individual-\$7,000/\$8,400 Family Deductible; Includes Chronic Illness Support Program</p>
<p>O Health Options Clear Choice Silver \$3500 HMO NE Dental \$3,500 Individual/\$7,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Silver \$3500 HMO NE \$3,500 Individual/\$7,000 Family Deductible; Includes Chronic Illness Support Program</p>
<p>O Health Options Clear Choice Silver \$3000 PPO NE Dental Off MP \$3,000 Individual/\$6,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Silver \$3000 PPO NE Dental \$3,000 Individual/\$6,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Silver \$3000 PPO NE \$3,000 Individual/\$6,000 Family Deductible; Includes Chronic Illness Support Program</p>
<p>O Health Options Clear Choice Gold \$2500 PPO National Dental Off MP \$2,500 Individual/\$5,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Gold \$2500 PPO NE Dental Off MP \$2,500 Individual/\$5,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Gold \$2500 PPO National Dental \$2,500 Individual/\$5,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Gold \$2500 PPO NE Dental \$2,500 Individual/\$5,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Gold \$2500 PPO NE \$2,500 Individual/\$5,000 Family Deductible; Includes Chronic Illness Support Program</p>
<p>O Health Options Clear Choice Gold \$1500 PPO National Dental Off MP \$1,500 Individual/\$3,000 Family Deductible; Includes Chronic Illness Support Program, Pediatric Dental</p>
<p>O Health Options Clear Choice Gold \$1500 PPO National \$1,500 Individual/\$3,000 Family Deductible; Includes Chronic Illness Support Program</p>
<p>O Health Options Clear Choice Gold \$1500 PPO NE \$1,500 Individual/\$3,000 Family Deductible; Includes Chronic Illness Support Program</p>
<p>O Health Options Clear Choice Platinum PPO NE \$500 Individual/\$1,000 Family Deductible; Includes Chronic Illness Support</p>

7. DOCUMENTS

The following document(s) is attached to verify eligibility for enrollment:

Document Name	Attached Y/N
ME Form 941 (Marked up: indicate FT, PT, Eligible, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Payroll Register (Marked up: indicate FT, PT, Eligible, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Schedule C	<input type="radio"/> Yes <input type="radio"/> No
Tax Form 1120S or 1065, Schedule K-1 (ownership must equal 100%)	<input type="radio"/> Yes <input type="radio"/> No
Other, please specify	<input type="radio"/> Yes <input type="radio"/> No

8. PRODUCER OF RECORD INFORMATION

Please complete if applicable.

The producer below has presented Community Health Options group plans to me.

Producer's Name:	Agency:	Producer NPN:
Address:		
Producer's Signature _____		Date* ____/____/____

9. LEGAL ACKNOWLEDGEMENTS AND SIGNATURE

I understand that:

- I am signing this application, which means I have provided true answers to all of the questions to the best of my knowledge and belief. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.
- My information on this form will only be used to determine eligibility for health coverage and will be kept private as required by law. If my business or organization is eligible, this information will be used to facilitate enrollment.
- I must tell Community Health Options if anything changes (or is different) from what I wrote on this application. I can contact Community Health Options at (207) 402-3353.
- I have consent from everyone listed on this application to include their personally identifiable information (e.g., dates of birth, social security numbers, addresses, and phone numbers).
- Federal law prohibits discrimination on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.
- 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.

Applicant's Signature: _____ Date: ____/____/____

Printed Name & Title: _____