



Intake Form for Groups of 2+

Intake Form / Addendum to the Master Labor Agreement

Company Information

Company Name:

Address:

City:

State:

Zip:

Phone:

Email:

Admin
Contact:

Title:

Nature of
Business:

of Locations

All applicable tax ID #'s.

Payment Information

Employment Requirements

Name of Bank:

Number of full time employees:

Routing Number:

Full-time hours required to be eligible for
benefits (between 30-40 hrs):

Account Number:

Waiting Period:



PEO4ME Group

Employer Contribution-(Minimum of \$585)

Employee \$_____ or _____%

Dependents \$_____ or _____%

Additional Documents Required- (Please check off documents that are submitted)

✓	Document	Description
<input type="checkbox"/>	Census	Census of all <u>Full-Time Employees</u>
<input type="checkbox"/>	Voided Check	The account your monthly premium will be debited from via ACH
<input type="checkbox"/>	Quarterly Wage and Tax Report	<p><i>Established Companies:</i> Wage and Tax report from the most recent quarter</p> <p><i>Newly Established Companies that have not yet filed a Wage and Tax report:</i></p> <p><input type="checkbox"/> Articles of Incorporation</p> <p><input type="checkbox"/> Most recently 2 week payroll record</p>
<input type="checkbox"/>	Current Renewal	Current Renewal from medical carrier



Disclosures:

- Calendar year plan.
- Domestic partners are not covered. Common law marriages are recognized when mandated by the state.
- Prior deductible and out-of-pocket are not credited.
- \$27 monthly union dues per member including waivers. Proof of other medical coverage required to be submitted.
- In-network only coverage except for emergency. See SBC for details.
- Pricing valid through December 31st.
- Copies of Marriage Licenses and Birth Certificates are required for dependents' coverage.
- Maintenance drugs must be filled through the OptumRx Mail Service Pharmacy, which covers up to a 90-day supply. (Prescriptions can be filled up to 2 times at your local pharmacy, if you need to remain on the drugs for longer, they are called maintenance drugs and need to be filled by OptumRx Mail Service Pharmacy).
- All coverages begin on the 1st of the month. Enrollments must be completed by the 15th of the month prior.
- Payment drafts for individuals occur on the 15th of every month. Payment drafts for PEO 4 ME GROUP occur on the 18th of every month. **Late payments or NSF will result in the penalties below:**
 - First Occurrence:** A \$50 fee will be applied. To maintain benefits, full payment must be received by the 25th of the same month.
 - Second Occurrence:** A \$250 fee will be applied. To maintain benefits, full payment must be received by the 25th of the same month.
 - Third Occurrence:** Benefits will be terminated. No re-enrollment allowed.
- There is no access to BCBS online portal. You will be sent your Explanation of Benefits (EOB) in the mail directly to your address.
- The ID cards will only have the member's name on them, even if dependents are on the plan. If you need additional cards for dependents, please contact service@uhesllc.com, for individuals or groupservice@uhesllc.com for groups.
- 1-year minimum contract required.


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I attest that my company has _____ full-time employees. I understand that in the event of an audit by the union, my wage and tax report will be requested, and it must reflect this same number of full-time employees. If it does not, I understand that I may have to pay the monthly premium for the employee from their date of hire until the present time. *(My company handbook and intake form specify that a full time employee is a W2 employee who works a minimum of _____ hours.)

☐

***I agree to the client service agreement and master labor contract. I have read the disclosure statement and understand the plan conditions. This intake form serves as an addendum to the master labor contract. This is a one year minimum contract.**

Signature: _____

Date: _____