



Intake Form for Groups of 5+

Intake Form / Addendum to the Master Labor Agreement

Company Information

Company Name:

Address:

City:

State:

Zip:

Phone:

Email:

Admin Contact:

Title:

Admin DOB:

Nature of Business:

All applicable tax ID #s.

of Locations:

Referring Broker Name:

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:

Account Type (Business or Personal):

Business

First of the month following date of hire



PEO4ME

Group

Employer Contribution

(Please note the dollar amount you as the employer will contribute each month to each tier)

(Minimum of \$680 for the package per month, which is 80% of medical and 80% of ancillary products)

EE- \$_____

ES- \$_____

EC- \$_____

Family- \$_____

- PEO 4 ME benefits package: Must include at least 5 products (Health, Dental, Vision, Life and Accident)
- Life insurance is employer paid

General Group Requirements

- 50 % participation required of full time eligible employees
- Groups of 5+ enrolled lives only
- All members have only 2 options :
 - 1.Enrolling in package (Medical, Dental, Vision, Life and Accident)
 - 2.Waiving the package (Waivers still receive 10K in employer paid life)

Monthly Invoicing Structure

Two separate invoices are generated each month:

- 1.UHES/PEO4ME Invoice- Medical, Admin fee, Union dues
- 2.Principal Financial Group Invoice- Sent directly by Principal for all ancillary benefits

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

✓	Document	Description
☐	Census	Census of all Full-Time Employees Do you currently have any former employees on Cobra / state continuation? How many? _____ (please include them on the census as a cobra participant)
☐	Voided Check	The account your monthly premium will be debited from via ACH
☐	Quarterly Wage and Tax Report	Wage and Tax report from the most recent quarter marked with the following: FT = Full time (Eligible for benefits) PT = Part time (Ineligible for benefits) T = Terminated
☐	Current Renewal	Current Renewal from medical carrier

**Disclosures:**

- Calendar year plan. Open enrollment is January 1st every year.
- Prior deductible and out-of-pocket are not credited.
- Domestic Partners are not covered. Common law marriages are recognized when mandated by the state.
- \$30 monthly union dues per member including waivers. Proof of other coverage required to be submitted. Waiving members' valid insurance coverage must be a full ACA compliant medical benefit.
- The company may not have any other employer sponsored group health plan in force.
- In-network only coverage except for emergency. See SBC for details.
- Pricing valid through December 31st of the plan year.
- Copies of Marriage Licenses and Birth Certificates are required for dependents' coverage.
- Maintenance drugs must be filled through the Evernorth 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 Evernorth Mail Service Pharmacy).
- All coverages begin on the 1st of the month. Enrollments must be completed by the 15th of the month prior.
- All terminated employees retain benefits through the end of the month in which they are terminated. Termination requests must be submitted to the account manager by the end of the termination month. Termination requests received after this deadline are not eligible for a premium refund.
- 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 subscriber's name on them, even if dependents are on the plan. If you need additional cards for dependents, please contact service@uhesllc.com.
- Ancillary insurance products are offered by David Heller.
- This is an ERISA plan. We follow all federal ERISA requirements.
- Sam's club and Walmart are NOT in network for RX on this plan.
- The company and/or employees may not be members of any other union.
- If participation changes by 25% or more, the group is subject to participation audit.



I understand that each new full-time employee must either be enrolled in our program or formally waive coverage. If an employee chooses to waive, they are required to have other medical coverage and must submit proof of that coverage to PEO 4 ME. If an employee waives coverage and does not have other medical insurance, I understand that the company will be responsible for paying the full premium on behalf of that employee, as we do not allow employees to be without medical coverage.



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: