

Broker Compensation Update for Groups with 25+ Enrolled Lives

Effective immediately, groups with **25 or more enrolled lives** will no longer experience a reduction in broker compensation beginning in the second year of coverage. Eligible groups will remain on the **first-year compensation schedule will continue in the second year.**

This policy applies to all groups with an effective date of **January 1, 2026, or later.**

Rates and Plans Updates

We are pleased to offer two options for your new groups this year. Both require minimum of 5+ enrolled lives.

Option 1: PEO 4 ME Plan

This option allows eligible waivers (with proof of other coverage) and includes:

- Current PEO 4 ME contract
- Medical coverage – Deductible \$1000 (SBC available mid Oct)
- Custom Ancillary benefits- quoted separately
- Includes \$25,000 of Life Insurance
- 50% participation required including valid waivers
- **Medical renewal rates, fees and dues (Ancillary not included in this chart):**

TIER	H & W	ADMIN	UNION DUES	TOTAL
EE	\$880.00	\$100.00	\$30.00	\$1010.00
EC	\$1,380.00	\$200.00	\$30.00	\$1,610.00
ES	\$1,805.00	\$200.00	\$30.00	\$2,035.00
FAMILY	\$1,970.00	\$200.00	\$30.00	\$2,200.00

Rates and Plans Updates

We are pleased to offer two options for your new groups this year. Both require a minimum of 5+ enrolled lives.

Option 2: UHES Plan A

This option requires **100% participation and does not allow waivers.**

- Direct contract with the Union
- Medical coverage Deductible \$700, (SBC available mid Oct)
- Custom Ancillary benefits-quoted separately
- **Medical renewal rates, fees and dues (Ancillary not included in this chart):**

TIER	H & W	ADMIN	UNION DUES	TOTAL
EE	\$783.00	\$100.00	\$30.00	\$913.00
EC	\$1,228.00	\$200.00	\$30.00	\$1,458.00
ES	\$1,607.00	\$200.00	\$30.00	\$1,837.00
FAMILY	\$1,753.00	\$200.00	\$30.00	\$1,983.00

New Census Template

	A	B	C	D	E	F	G	H	I	J	K
1	FirstName	LastName	Gender	DOB	ZipCode	Relationship	CoverageType	GroupID	Hire Date	Email	
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Instructions

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New Underwriting Request Form

Group Underwriting Request

Please complete all required fields and include the required documents below.

Company Name:	
Company Address:	
Current Carrier Name:	
Company Contribution \$ Amount:	
Broker Partner Name:	
Broker Partner Phone Number:	

Client Status: ☐ Current Client ☐ Prospect

Required Documents Checklist

- ☐ Most recent medical renewal
- ☐ Completed census of all full-time eligible enrolled (including dependents) and waived employees

Important:

If any required information or documentation is missing, the group will not be considered for underwriting.

Submitted By: Date:

Required Documents for initial underwriting



MOST RECENT MEDICAL
RENEWAL



COMPLETED CENSUS

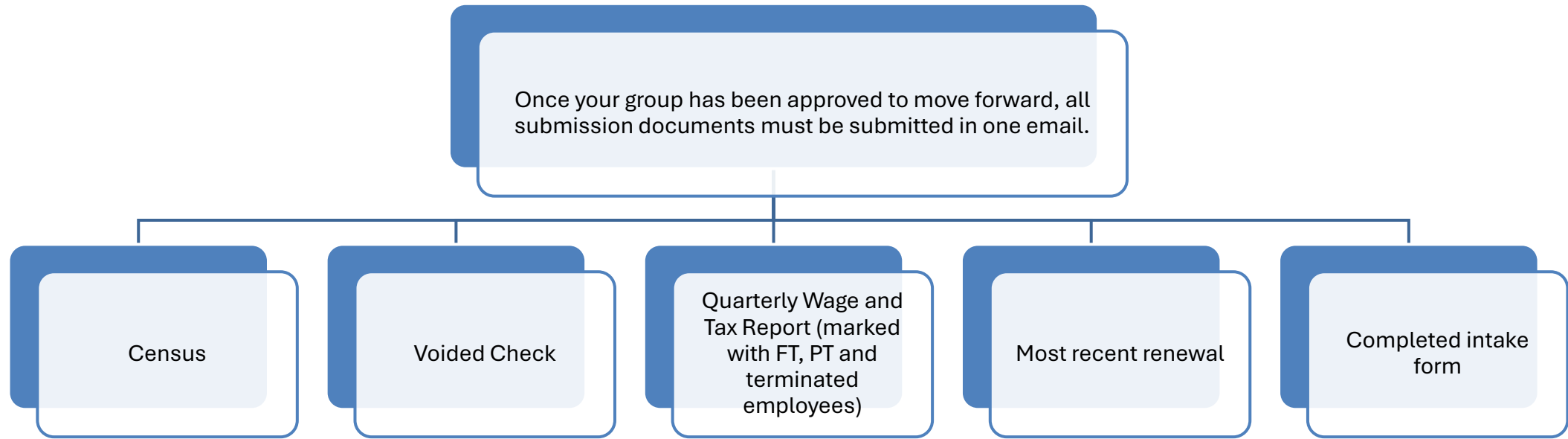


GROUP UNDERWRITING
REQUEST FORM



SUBMIT TO
INFO@PEO4ME.COM

If Approved – Submission process



Submit to info@peo4me.com

Please be advised that underwriting approval is contingent upon meeting participation requirements and the accuracy of all submitted documentation. If discrepancies are found between the census and wage and tax forms, or if participation requirements are not satisfied, PEO4ME/UHES reserves the right to withdraw approval.

Eligibility Updates

Groups must be 5+ lives enrolled only



Participation must be 50% of entire population of full-time employees including valid waivers for plan B. 100% participation with no waivers for plan A.



Waivers must have proof of other insurance submitted



Effective January 1, 2027, companies with only two full-time employees must have at least two non-spouse employees enrolled in coverage to be eligible for participation in our plan. Groups consisting of one enrolled employee and one waived employee, as well as groups with only two enrolled employees who are spouses, will not be eligible for coverage.

Current groups who have this enrollment will not be renewed.