



PEO4Me

Partner Agreement

| Tier | 1 st Year | 2 nd Year |
|---------------------|----------------------|----------------------|
| Member Only | \$50 | \$25 |
| Member & Spouse | \$100 | \$50 |
| Member & Child(ren) | \$100 | \$50 |
| Family | \$100 | \$50 |

Comp Payment Schedule

*Please note: Payment does not begin until the total reaches \$1000 of comp. No commission split on ancillary benefits.

Please fill out below and return to info@peo4me.com

Name:

Broker Name:

Phone:

How many groups & individuals do you manage?

Do you have any informal/formal complaints filed against you with the Department of Insurance?

Do you have any claims paid under E&O?

Please submit a copy of your E&O insurance



PEO4Me

Broker checklist



Important Submission Requirements

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Will this group meet participation?

We require 50% of the **total number of full-time employees** to participate in the plan. Any waiver must be a valid waiver with **proof of other coverage to be submitted**. We do not accept waivers with no other coverage.

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Is the Intake form **completely filled out** and signed by the **employer**?

We will not accept intake forms that have missing information.

Be sure to include:

1. The total number of full-time W2 eligible employees
2. Weekly hours to be eligible for benefits (range 30-40 hours)
3. Employer contribution must be at least \$585

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Voided check

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Census (with **ALL full-time W2 eligible employees** included)

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I have read and understand the disclosures on this and the next page for this plan and shared them with the group

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Current renewal

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Wage and Tax Report most recent quarter

Newly established companies - Articles of Inc. and most recent 2-week payroll record.

Important Group Notifications

- Birth and marriage certificates are needed at time of enrollment. If a child is adopted, adoption papers are required. If a child is a stepchild, tax forms that declare the child a dependent are required
- Employees will need to login to EASE even if waiving coverage
- Employees who waive will need to submit proof of other coverage (ie. insurance card from current carrier)
- Employee must have an SSN to become a member of this plan. A spouse can have a TIN number
- It is the group's responsibility to cancel any prior insurance policies. We are unable to cancel existing policies, including those with BCBS.
- Forms cannot be signed by the broker or agent. Enrollment forms and intake forms must be filled out and signed by the Employer and Employee on the policy.
- Groups of 10+ lives will be quoted with a custom Dental, Vision and Life plan.

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.

***I have read the disclosures, comp schedule and broker checklist and would like to apply to become a PEO 4 ME referral partner.**

Signature:

Date Signed: