



Important Submission Requirements



Will this group meet participation?



We require a minimum of 5+ lives enrolled *and* 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.



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 \$600 for the package



Voided check



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



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



Most recent renewal



Wage and Tax Report most recent quarter- marked with the following:

FT = Full time (Eligible for benefits)
PT = Part time (Ineligible for benefits) T = Terminated



Medical - IMQ -

Medical Questions for Employees- Groups of 5-9 lives
Simplified Underwriting Risk Form- Groups of 10+ lives

Important Group Notifications

Required Documents and Enrollment

Guidelines

- Birth and marriage certificates are required at the time of enrollment.
- If a child is adopted, adoption papers must be provided.
- For stepchildren, tax forms showing the child is claimed as a dependent are required.
- Open enrollment is held annually on January 1, regardless of the group's initial onboarding date.

Enrollment Requirements

- All employees must log into EASE, even if they are waiving coverage.
- Employees who waive must submit proof of other coverage (e.g., an insurance card).
- Employees cannot be uninsured under this plan.
- All employees receive the \$10,000 life insurance benefit and are responsible for the \$27 union due.

Identification Requirements

- Employees must have a valid SSN to enroll in this plan.
- A spouse may enroll with a TIN instead of an SSN.

Policy Administration

- It is the group's responsibility to cancel any prior insurance policies. We are not able to cancel existing policies on the group's behalf, including those with BCBS.
- Forms cannot be signed by the broker or agent. Enrollment forms and intake forms must be completed and signed by both the Employer and the Employee on the policy.

Ancillary Benefits

- All groups will receive a custom ancillary package quote.
- Each group will be assigned a Relation Insurance account manager to manage the principal implementation and ongoing administration.
- Each company will receive its own separate Principal invoice for ancillary products billed directly by Principal.

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.
- \$27 monthly union dues per member including waivers. Proof of other coverage required to be submitted.
- 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.
- 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 with Relation Insurance.
- All ancillary products will be serviced by a Relation Insurance account manager, who will handle member support, billing questions, and ongoing administration related to these benefits.
- 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.
- If participation changes by 25% or more, the group is subject to participation audit.