



Healthy New York Application

Small Business

United HealthCare Insurance Company of New York

INSTRUCTIONS

Healthcare (a Healthy NY Initiative provided through a partnership between the New York State Insurance Department, Benefits Specialists of NY and UnitedHealthcare) provides affordable, comprehensive health insurance coverage to those who need it most in Cayuga, Cortland, Oneida, Onondaga, Oswego, Madison, Herkimer, Lewis, and Jefferson counties. Small employers, sole proprietors and individuals meeting certain eligibility criteria may purchase Healthcare. Please note that individuals and sole proprietors wishing to purchase Healthcare must complete a different application. Please visit the HealthyNY website at www.HealthyNY.com for a full description of the Healthcare product and eligibility requirements. Or you may also contact the designated Healthcare administrator, Benefit Specialists of NY directly at www.benefitspecialistsny.com or by calling 315-470-1930.

Confidentiality Statement: All of the information provided on this application will remain confidential. Only the health plans, state agencies, and the Healthcare administrator which need to determine if your business is eligible to purchase Healthcare will see this information.

COVERAGE OPTIONS

Benefits - Healthy NY offers a standardized benefit package, with an optional limited prescription benefit. Choose if you want Healthy NY with a prescription drug benefit or without a prescription drug benefit. Once you choose whether or not you want prescription drug coverage, you will not be able to change your selection until your annual recertification or at the time of a premium rate change.

Deductible - Choose if you want a yearly deductible or a plan with no deductible. Once you choose whether or not you would like a deductible, you will not be able to change your selection until your annual recertification.

The deductible options have a lower premium. The individual deductible is either \$1,200 or \$1,500 and the family deductible is either \$2,400 or \$3,000. Other than preventive care, employees will be responsible for the cost of covered services until they meet the deductible. You can access preventive care before meeting the deductible. Copayments do not apply towards the deductible.

The deductible options qualify as a High Deductible Health Plan (HDHP) and are designed to be used with a health savings account (HSA). This is a savings account used to pay for qualified medical expenses. Employee contributions can be on an after-tax basis, making contributions tax-deductible, or pre-tax, through a Section 125 plan. Money in the account can earn interest tax-free. Employees can contribute up to ⁱ[\$3,050] for individual coverage and ⁱⁱ[\$6,150] for family coverage into the account in ⁱⁱⁱ[2010].

Your selection will apply for all covered employees. Visit www.HealthyNY.com for more information.

SECTION A: SMALL EMPLOYER INFORMATION

In this section, we ask how to contact you. Your business must be located in New York State in order to participate.

SECTION B: HEALTH INSURANCE INFORMATION

Healthy NY is a program for uninsured businesses. It is available to small employers who have not provided comprehensive health insurance to their employees during the last 12 months. If you provided health benefits within the last 12 months, your business may still qualify if:

- Your business provided only “limited” health insurance benefits.
- Your business did not contribute more than \$50 per employee per month towards the premium.
- Your business has a class of employees that you have not offered health insurance to during the last 12 months but would now like to cover. The class must pertain to geographic location or employees’ earnings, method of payment, hours, or job duties.

SECTION C: ELIGIBILITY REQUIREMENTS

The business must be able to answer “Yes” to each question in Section C to be eligible.

SECTION D: PARTICIPATION REQUIREMENTS

In order to be eligible, your business must meet the participation rules concerning employees who will purchase Healthy NY.

SECTION E: EMPLOYEE INFORMATION

Please answer the questions in Section E about your employees who will be enrolling in Healthy NY. You do not need to include information about their dependents. If necessary, photocopy the chart and attach additional sheets.

SECTION F: BROKER INFORMATION

Please list broker information if applicable.

SECTION G: HEALTHY NEW YORK PLAN ELECTION

Please select one of the available benefit options for your employees. You may choose to have a yearly deductible or a plan with no deductible. Also, you can choose to have coverage with prescription drug coverage or without prescription drug coverage. Please note the different options under Section G. below. Also, please select option for Dependent Coverage Extension.

SECTION H: CERTIFICATION

The certification must be completed by a duly authorized officer of the business.

SUBMITTING YOUR APPLICATION

Send the application directly to us at:

Benefit Specialists of NY
572 South Salina St.
Syracuse, NY 13202

Healthy NY Small Employer Group Application

SECTION A. SMALL EMPLOYER INFORMATION			
Enter Your Company Name Here			Date
Enter Your Company's Street Address Here			
Enter the City State, Zip and County			
Telephone Number ()		Fax Number ()	
Contact Person (For Your Company)	Title		Telephone Number ()
Effective Date		Tax ID Number	

SECTION B. HEALTH INSURANCE INFORMATION

Healthy NY is for small businesses which are currently unable to provide their employees with comprehensive health insurance coverage. Healthy NY is generally not available to employers who are already providing their employees with health insurance coverage.

Please answer the following questions to assist us in determining your eligibility to purchase Healthy NY.

1. Within the last 12 months, has your businesses provided comprehensive group health insurance for your employees? (Answer "Yes" only if the coverage included both medical and hospital coverage)
 Yes No
2. If the answer to question 1 is "Yes", did your business contribute more than \$50 per employee per month toward the cost of the health insurance?
 Yes No

SECTION C. ELIGIBILITY REQUIREMENTS

Healthy NY includes certain eligibility requirements designed to reach those small businesses most in need. Please answer the following questions about your business. Please note that you must be able to check "Yes" to each question in this section in order to be eligible to purchase Healthy NY.

1. Does your business have 50 or fewer employees? Yes No
2. Do at least 30% of the employees who will be offered coverage earn annual wages of \$40,000 or less? Yes No
3. Will your business offer Healthy NY coverage to all employees working 20 hours or more who earn annual wages of \$40,000 or less? Yes No

SECTION F. BROKER/AGENT INFORMATION			
	Broker		
1. Name of Payee:	Benefits Specialists of NY		
Comments:			

Important Information Regarding Producer Compensation:

We pay brokers and agents (referred to collectively as “producers”) compensation for their services in connection with the sale of our insured products in compliance with applicable law. We pay “base commissions” based on factors such as product type, amount of premium, group size and number of employees. These commissions are reflected in the premium rate.

Note: All commissions will be uniformly paid among all small group cases. In addition, we may pay bonuses pursuant to bonus programs established from time to time which are designed to provide incentives to achieve production targets, persistency levels, growth goals or other objectives. Bonuses are not reflected in the premium rate but are paid from our general administrative expenses. It is our policy not to pay commissions to producers with respect to a product for which the customer is also paying the producer a commission or other fee. Please note we also may make payments from time to time to producers for services other than those relating to the sale of policies (for example, compensation for services as a general agent or as a consultant). Producer compensation is subject to disclosure of Schedule A of the ERISA Form 5500 for customers governed by ERISA and subject to form 5500 filing requirements. We have also taken steps to ensure that producers properly disclose their compensation arrangements to their customers, but we cannot guarantee the producer’s compliance. For general information on our producer payment arrangements, please go to www.unitedhealthcare.com.com. For specific information about the compensation payable with respect to your particular policy, please contact your producer.

policy will exclude coverage for that condition for **up to 12 months**. However, this period may be **reduced or eliminated** if you are transferring from other health insurance coverage which terminated no more than **63 days** prior to the date that you submit your Healthy NY application.

As of 6/1/03, individuals who are eligible for a federal tax credit for payment of health insurance premiums, pursuant to the federal Tax Adjustment Act of 2002, and have three months of creditable coverage prior to the enrollment date with no break of coverage greater than 63 days shall not be subject to a pre-existing condition waiting period. Please notify us by providing a certificate of eligibility with your application.

Please review your Healthy NY health insurance policy or contact us for a full explanation of exactly what constitutes a pre-existing condition and how this restriction will affect you.

By signing this certification of eligibility, I certify under penalty of perjury that all statements contained in this application are true and accurate to the best of my knowledge. I further certify that I am an officer of the business and duly authorized to execute this certification on behalf of the business. I understand that any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Include accurate mailing address.

This application should be forwarded directly to us. To submit this application directly, please mail it to:

**Benefit Specialists of NY
572 South Salina St.
Syracuse, NY 13202**

Print name of officer completing certification

Signature

Title

Date

ⁱ This amount will change with direction from the NY Department of Insurance.
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ⁱⁱⁱ The correct year will be listed here.