



EAM SUBGROUP NO. _____

**EMPLOYERS ASSOCIATION OF MONTANA
2012 GROUP HEALTH BENEFITS PLAN EMPLOYER ELECTION FORM**

Group Name _____			Name of Group Contact _____		
Physical Address _____			Mailing Address (if different than Physical) _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
			Telephone _____		
			Group Contact Email Address _____		

1. Tax Identification Number (If no TIN, then Social Security Number) _____

2. For the current calendar year (January 1–Present), state the total number of employees: _____
 Have you had 20 or more employees during 20 or more work weeks? Yes No
 Do you expect to have 20 or more employees during at least 50% of your typical business days? Yes No

3. For the previous calendar year (January 1–December 31), state the total number of employees: _____
 Did you have 20 or more employees during 20 or more work weeks? Yes No
 Did you have 20 or more employees during at least 50% of your typical business days? Yes No

4. Current number of employees _____ Number of eligible employees _____
 Number of enrolled employees _____ Number of employees waived due to other coverage _____
 If your group is COBRA eligible, COBRA will be administered by _____

5. If COBRA eligible, number of COBRA participants enrolling: _____

6. Group waiting period (probationary period): (Must not exceed 330 days) _____ days

7. Number of work hours per week required to be eligible for benefits _____ hours

8. Employer contribution to premium (% or \$): (Must be at least 60% for employee) _____ % or \$ _____ Employee
 _____ % or \$ _____ Dependent

9. Payment type: Check E-billing

BENEFIT OPTIONS

<input type="checkbox"/> PPO CMM \$ 750 DED; \$2000 OOP; 80/20; \$25 OV COPAY <input type="checkbox"/> PPO CMM \$ 500 DED; \$3000 OOP; 70/30; \$35 OV COPAY <input type="checkbox"/> PPO CMM \$1000 DED; \$3000 OOP; 60/40; \$35 OV COPAY <input type="checkbox"/> PPO CMM \$1500 DED; \$3000 OOP; 50/50; \$35 OV COPAY <input type="checkbox"/> PPO CMM \$1500 DED; \$4000 OOP; 50/50; \$45 OV COPAY <input type="checkbox"/> PPO CMM \$2500 DED; \$6000 OOP; 50/50; \$35 OV COPAY <input type="checkbox"/> PPO HDHPe \$3000 DED; \$3000 OOP; 100% <input type="checkbox"/> PPO HDHPe \$2400 DED; \$5950 OOP; 80/20 <input type="checkbox"/> PPO HDHPe \$2400 DED; \$5000 OOP; 50/50 <input type="checkbox"/> PPO HDHPe \$5950 DED; \$5950 OOP; 100%	BCBS Dental Plan <input type="checkbox"/> YES <input type="checkbox"/> NO	BCBS Vision Plan <input type="checkbox"/> YES <input type="checkbox"/> NO Effective Date: _____ / _____ / _____
Grandfather Plan: ____ YES ____ NO		
Rate Level: _____		

I certify that all information provided by me to complete this application is true.

Printed Name of Group Leader _____	Title of Group Leader _____	Representative Name _____
Signature of Group Leader or Authorized Signer _____	Date _____	Representative No. _____

DEFINITIONS

- The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (P.L.99-272) required employers of 20 or more employees to continue health care coverage for terminated employees and for the widows, ex-spouses, and dependents of employees, effective for plan years beginning after June 30, 1986.
 - Counting employees for COBRA
 - Part-time employees, as well as full-time employees, must be counted, although part-time employees are counted as full-time equivalents.
 - Each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours that the part-time employee works for the employer divided by the number of hours that an employee must work in order to be considered a full-time employee.
 - The burden of compliance with COBRA rests with the employer. We urge you to consult with your legal council to answer any questions about a group's responsibility under these laws.

Total Employees: Total number of active employees currently on the payroll within a group. This total helps to determine if a group is COBRA eligible and if Medicare is primary or secondary for employees/spouses 65 and over, or under 65 and on Medicare disability.

This total includes: ALL employees including those that are not eligible for coverage or those that have waived coverage.

This total DOES NOT include: Retirees & COBRA subscribers within the group.

Total Eligible Employees: Total number of employees **eligible** for group coverage.

This total includes: All employees who meet (or have met) the groups work hour requirement, and probationary period, including those employees that have waived coverage.

This total DOES NOT include: Retirees & COBRA subscribers within the group or employees who have NOT met the group probationary period.

The entire group must meet the "Participation Requirements". Basic Requirements are:

- **75% Participation** – No exceptions - eligible employees who are covered under another coverage are NOT counted against the participation requirement.

Examples: 10 Total Employees
 1 Part Time (not eligible – working only 10 hours/day)
 2 Covered under another policy

10 – 1 = 9, however 2 employees are already covered under other policies and would NOT be counted, so 10 – 3 = 7, so the group must have 75% of 7 enrolled, or 6 enrolled employees.

OR

10 Total Employees
 1 Part Time

10 – 1 = 9, the group must have 75% of 9 enrolled or 7 enrolled employees.

<u>PARTICIPATION STANDARDS</u>					
No. of Eligible Employees:	2-5	6-10	11-15	16-20	21 and over
Participation Requirement:	all	all less 1	all less 2	all less 3	75%

- **60% Employer Contribution** – As determined by the group. Only exception is employer contributes 50% towards Employee AND 50% towards Dependent premium.
- **Probationary Period** – Must not exceed 330 days, group chooses requirement to determine eligibility.
- **Work Hours** – Must be within 20 – 40, group chooses one requirement for all employees to determine eligibility.

Submit **New Group** paperwork to: Marketing Department, Blue Cross and Blue Shield of Montana, PO Box 4309, Helena, MT 59604.

Submit **Renewal paperwork** to: Marketing Department, Blue Cross and Blue Shield of Montana, PO Box 4309, Helena, MT 59604.