SelectHealth, Inc.
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selecthealth.org

Group Medical Application (for Nevada employers)

This Application is only for employers who meet the definition of a small employer under their applicable state insurance department's rules. Small employers can apply to SelectHealth for group health coverage as outlined below

EMPLOYER INFORMATION

Employer Name _____ Doing Business As (DBA) _____

Requested Effective Date _____

Street Address _____

City _____ County _____

State _____ ZIP _____

Employer Contact _____ Employer Phone _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Billing Contact _____ Billing Email _____

Billing Phone _____

TPA/COBRA Contact _____ TPA/COBRA Email _____

TPA/COBRA Phone _____ Employer SIC Code _____

Employer Tax ID _____ Start Date of Your Business (MM/YYYY) _____ /_____

Business Type ❑ Corporation ❑ Sole Proprietorship ❑ Partnership ❑ Not-for-Profit ❑ LLC

Name of Current Group Carrier (if applicable) _____

Writing Agent _____ Writing Agent Email _____

Does the employer wish to cover domestic partners? ❑ Yes ❑ No

What is the average monthly premium paid by you, the Employer? _____ Do you file a Form 5500? ❑ Yes ❑ No

What is the average monthly contribution paid by your Employees? _____

PLAN SERVICE AREA

Select Value
Clark and Nye counties

MONTHLY PREMIUM

On or before the first day of each month, the employer shall pay SelectHealth the Premium per the Employer Plan Coverage List.

Payment Method ❑ Preauthorized Banking Withdrawal (PAC) ❑ Web Pay ❑ Monthly Payment

DURATION OF CONTRACT

If the SelectHealth minimum employee participation and employer contribution requirements are satisfied, the Contract and its terms shall commence on the Effective Date for a term of 12 months.

Effective Date _____

MINIMUM CONTRIBUTION, ENROLLMENT PARTICIPATION AND THE WAITING PERIOD

Employee must satisfy the following requirements throughout the term of the Contract.

1. **Minimum Employer Monthly Contribution**

   At a minimum the employer must contribute an amount equal to at least 50 percent of the monthly Premium for single coverage on the lowest benefit offered. The employer contribution must be consistent for all employee classes and can be either a percentage of the employee monthly Premium or a fixed monthly dollar amount.

2. **Minimum Enrollment Participation**

   Employees waiving coverage will not be counted towards participation if they have other medical coverage. For employers with up to four eligible employees after valid waivers - 100 percent must participate. For employers with five or more eligible employees after valid waivers - 75 percent must participate.

   A minimum of one employee must be enrolled at all times.

   Groups enrolling between November 15 and December 15 for a January Effective Date are not subject participation and contribution requirements.

3. **Small Group Status**

   A group must meet the Nevada Department of Insruance's definition of small employer (NRS 689C.095). To make this determination, an employer should calculate the average number of eligible employees they had during the previous calendar year. If the average number is at least one but not more than 50, and the group employs at least one eligible employee on the first day of the plan year, the group is a small employer. An employer that did not exist for the entirety of the previous calendar year, but who reasonably expects to employ an average of at least one but not more than 50 eligible employees during the current calendar year, is also a small employer. Employers under common ownership are treated as a single employer. A sole proprietor who does not employ at least one other eligible employee is not a small employer.

4. **Waiting Period for Newly Eligible Employees**

   ❑ 0 months (employee is eligible on the first of the month following full-time hire date) ❑ 1 month ❑ 2 months

   ❑ Dual waiting periods for separate employee classes (classes determined by employer) _____ /_____

   The employee's Effective Date will begin the first day of the next calendar month following the Waiting Period for Newly Eligible Employees.

   The Waiting Period for Newly Eligible Employees can be changed twice annually — once at renewal and once outside of the renewal period.

5. **Leave of Absence**

   Eligible employees are granted a leave of absence by the employer for up to 60 days.

6. **Eligible Employee Status**

   The employee must be scheduled to work at least 30 hours per week.

7. **Group Termination**

   Please be aware that if your employer group policy is cancelled and you have any unpaid premium balances, this will affect any future enrollment with us. All unpaid balances will need to be paid before you may enroll in the future.

SIGNATURE

This Application is part of the Group Health Insurance Contract with SelectHealth. The Group Health Insurance Contract is not binding until SelectHealth signs the Employer Plan Coverage List. In case of discrepancies, the other documents constituting the Group Health Insurance Contract will prevail over the Application.

Coverage, if approved, is made on the basis of information provided to SelectHealth by the employer and its employees and is subject to the above criteria as well as properly completed employee (Subscriber) Applications. This document shall be considered to be material representations of fact by employer to SelectHealth. Employer represents to SelectHealth that the information provided in this Application is accurate. The employer understands that SelectHealth is relying on such information in making decisions about coverage and payment. Employee Applications must be submitted to and approved by SelectHealth before the proposed Effective Date. Otherwise, SelectHealth may delay the Effective Date of this Contract.

This Application must be signed by employer and received by SelectHealth before the Group Health Insurance Contract can be finalized.

Employer Name _____ Date _____

Authorized Representative Signature _____

Authorized Representative (print name here) _____