

APPLICATION

Small Business Group Application

Group # _____

Please complete all information. We cannot process incomplete applications.



Group name (legal business name) _____ Phone _____

DBA/Alternate name _____ Fax _____

Street address _____ City _____ County _____ State _____ Zip code _____

Mailing address, if different than above _____ City _____ State _____ Zip code _____

Type of business _____ SIC Code _____ In business since _____ E-mail address _____

Date you would like your contract to begin _____

Business Structure

Corporation Partnership Ltd. Partnership Proprietorship Self-employed Group of One

If corporation: state in which you are incorporated _____ Date incorporated _____

Branch Subsidiary Parent company name _____

Street address _____ City _____ State _____ Zip code _____ Phone _____

Principal Owners or Stockholders

Full name _____ Title _____

Street address _____ City _____ State _____ Zip code _____ Phone _____

Full name _____ Title _____

Street address _____ City _____ State _____ Zip code _____ Phone _____

If nonprofit, please check box.

Broker Information, if applicable

Broker _____ Phone _____ Fax _____

Firm _____ E-mail address _____

Mailing address _____ City _____ State _____ Zip code _____

Plan Information

Indicate which plan(s) you want to offer by checking the box next to your selection below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Classic 30 HMO | <input type="checkbox"/> Ded/Co HMO 3000D | <input type="checkbox"/> HSA DHMO 3000 |
| <input type="checkbox"/> Classic 35A HMO | <input type="checkbox"/> Ded/Co HMO 4000D | <input type="checkbox"/> HSA DHMO 5000 |
| <input type="checkbox"/> Classic 40 HMO | <input type="checkbox"/> Ded/Co HMO 5000D | <input type="checkbox"/> Standard HMO |
| <input type="checkbox"/> Ded/Co HMO 500D | <input type="checkbox"/> Ded/Co HMO 2000F | <input type="checkbox"/> Basic HMO |
| <input type="checkbox"/> Ded/Co HMO 1000D | <input type="checkbox"/> Added Choice \$25000 POS 750D ³ | <input type="checkbox"/> Out-of-Area PPO SP01 ^{2,3} |
| <input type="checkbox"/> Ded/Co HMO 1200D | <input type="checkbox"/> Added Choice \$25000 POS 1500D ³ | <input type="checkbox"/> Out-of-Area PPO SP02 ^{2,3} |
| <input type="checkbox"/> Ded/Co HMO 2000D | <input type="checkbox"/> HSA DHMO 1500 | <input type="checkbox"/> Out-of-Area PPO SP03 ^{2,3} |
| <input type="checkbox"/> Ded/Co HMO 2500D | <input type="checkbox"/> HSA DHMO 2000 | |

Groups with five or more enrolled employees can select up to three plans. Groups with less than five enrolled employees can select one plan.

Supplemental benefits:

- None Optical Chiropractic¹ Acupuncture¹ Basic Plan Option⁴

¹ Acupuncture and/or chiropractic not available with HSA-Qualified plans.

² No supplements are available with Out-of-Area PPO plans.

³ The Point of Service (POS) plans are jointly underwritten by Kaiser Foundation Health Plan of Colorado and the Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. The Preferred Provider Organization (PPO) plans are underwritten by KPIC.

⁴ This no-cost option will be added to the Basic Plan coverage unless you contact us to decline: Denver-based companies call 303-338-3700 / Southern Colorado-based companies call 719-867-2100.

Same Gender Domestic Partner Coverage

Do you wish to select Same Gender Domestic Partner Coverage? Yes No

Medicare

Effective January 1, 2006, Medicare Part D prescription drug coverage is available to Medicare eligible retirees/employees. Small Business Group employers have two options for Medicare Part D pharmacy benefits. Employers may elect to enroll Medicare eligible retirees/employees in Medicare Part D pharmacy through Kaiser Permanente, or apply for the Group Retiree Drug Subsidy from the Centers of Medicare and Medicaid Services (CMS).

- Choose one: elect to enroll our Medicare eligible retiree/employees in Medicare Part D.
 elect to apply for the Group Retiree Drug Subsidy for our Medicare eligible retiree/employees.
 our group does not currently have any Medicare eligible retiree/employees.

Eligibility Requirements

Group defined eligibility: All employees working at least 24 hours Other _____

New employees will become eligible the first day of the month following:

- Date of hire 30 days 60 days 90 days Other _____

Total number of employees enrolling in Kaiser Permanente at this time _____ Total number of retirees _____

Total number of eligible employees waiving with credible coverage⁵ _____

⁵ Colorado Division of Insurance requires signed waivers for: 1) all eligible waiving employees, and 2) enrolling employees' spouses/dependents not enrolling with Kaiser Permanente at this time.

Employee Rate Information

By Colorado State regulation, monthly rates are based on the ages and family size (status) of your employees who enroll in Kaiser Permanente. All small groups are offered the same age-banded rates. If your group has 10 or more eligible employees, we can provide composite rates based on a group's average age and family status of enrolling employees. This rate applies to each enrollee, according to family status, regardless of age.

If your group has 10 or more eligible employees, please indicate which rate structure your group wants for the 12-month contract:

- Composite rates⁶ Age-banded rates

⁶ Composite rates will also be generated for supplemental benefits.

Billing statements to be mailed to: Person/Title Phone Fax

Mailing address City State Zip code

Contract to be mailed to: Person/Title

Mailing address City State Zip code

To comply with Colorado Division of Insurance reporting requirements, provide the following information

Total number of employees working at least 24 hours: within Colorado _____ outside Colorado _____

Options available:

- Fixed dollar contribution must be at least \$125 per month per subscriber \$_____
Percent of contribution must be at least 50 percent of the lowest plan offered per month per subscriber _____%

Previous carrier _____ Plan# _____ Renewal date _____ or

Check here if your company has been without coverage three months or longer.

Yes No Is your company domiciled in Colorado?

Yes No Was this health benefit plan marketed through your place of business?

Yes No Are you treating this health benefit plan as part of a plan or program under Section 162, Section 125 or Section 106 of the United States Revenue Code?

Section 162: Employer purchased the insurance for the employee and pays the premium; employer deducts the premium as compensation to the employee and is taxable income to the employee.

Section 125: Cafeteria Plan or Flex Plan employees can choose from among two or more benefits.

Section 106: Employer contributed to the employee's plan and employer contribution is excluded from the employee's gross pay.

Yes No Does your existing carrier currently cover any former employees or dependents under continuation of benefits (COBRA) in accordance with state or federal regulations?

As company principal/corporate officer having authority to contract with Kaiser Permanente and/or the Kaiser Permanente Insurance Company (KPIC), I agree that our prepaid monthly dues will be submitted by the last working day of each month, prior to the month of coverage, and I will abide by the contract provisions, as set forth in the group agreement issued by Kaiser Permanente and the group insurance policy issued by KPIC. I consent that any person may give information to Kaiser Permanente and/or KPIC concerning the principal owners' and stockholders' credit history.

Please print name (Company representative) Signature

Title Date

Important: Have you included paperwork indicating your company is a bona fide business?

COLORADO INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN COLORADO TO SMALL EMPLOYERS OF 2-50 EMPLOYEES, INCLUDING A BASIC OR STANDARD HEALTH BENEFIT PLAN, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP. BUSINESS GROUPS OF ONE CANNOT BE REJECTED UNDER A BASIC OR STANDARD HEALTH BENEFIT PLAN DURING OPEN ENROLLMENT PERIODS AS SPECIFIED BY LAW.