

Confirmation of Intent of Coverage

Please complete and sign the following as required by Colorado State law:

_____ I **do not** meet the definition of a self-employed business group of one as attested by answering “**NO**” to any of the questions on the accompanying “Determination of self-employed Business Group of One” form, and **I am requesting Individual Plan coverage.**

_____ I **do** meet the definition of a self-employed business group of one as attested by answering “**YES**” to all of the questions on the accompanying “Determination of self-employed Business Group of One” form, and **I am requesting Individual Plan coverage. I understand that by purchasing an individual policy instead of a small group policy I waive my right to purchase, during open enrollment periods as specified by law, a business group of one Standard, Basic, or other small group health benefit plan from a small employer carrier for a period of three (3) years after the effective date of the individual health benefit plan in which I am applying.** I understand this will be the case unless a small employer carrier voluntarily permits me to purchase a small group policy within such a three (3) year period.

_____ I **do** meet the definition of a self-employed business group of one as attested by answering “**YES**” to all the questions on the accompanying “Determination of self-employed Business Group of One” form, and **I wish to apply for group coverage.** I have enclosed my completed group application, my group enrollment form, and a check for my first month’s premium. I understand that I may be required to provide additional information to certify my self-employed business group of one status, such as tax forms or other materials.

I, _____, have read the enclosed information, and completed the “Determination of a self-employed business group of one” form. I have read and understood the options above and the actions associated with the option I have chosen. Further, I understand that the factors used to set the new and renewal rates for the individual policy consist of my age and a factor that reflects the cost of care where I live. By comparison, the rating factors that would apply if I purchased a small group business group of one policy are limited to plan design, my age, overall cost utilization trends (“index rate”), my family size, and a factor that reflects the cost of care where I live. I have been given a health plan description form showing the benefits under Colorado’s Small Group Standard Health Benefit Plans. I have also been given a Colorado Health Benefit plan Description form for the plan in which I am applying.

SIGNED _____

DATE _____

PRINT NAME _____