ROCKY MOUNTAIN HEALTH PLANS®

Plans underwritten by Rocky Mountain HMO (RMHMO)

OE

Application for Health Benefits For Small Employers

Please complete all sections on front and back using black ink only. We cannot process incomplete forms.

Section 1 – Company Information

Company Name		Type of entity: Corporation ☐ LLC ☐ Sole Proprietor ☐ Other _____		
Phone ( )	Fax ( )	E-Mail		
Physical Address	City	State	Zip	PO Box
Mailing Address	City	State	Zip	PO Box
Contact Person		Title		
President/CEO/Owner (Name)		Federal Tax ID Number (TIN / EIN)		
Proposed Effective Date	Industry or Type of Business	Industry Code (SIC)	Is your business a church group health plan that is not subject to ERISA? ☐ Yes ☐ No	

Does the company or owners applying for coverage share ownership in any other business(es)? ☐ Yes ☐ No If yes, give:

Name of business(es): _____

Name of all owners: _____

Total number of all employees on payroll who work 30 hours per regular work week for all businesses:#_____

Eligible employees must have a regular work week of the required number of hours a week and must satisfy any applicable waiting period.

Section 2 – Employee Eligibility

1. a. Number of employees on payroll who work 30 hours or more per week: #____
   b. Number of Full Time Equivalents (FTE)*: #____
   *The FTE is the sum of all part time employee hours each month divided by 120.

2. Number of employees eligible for health benefits coverage: #_____

3. Average number of **all** employees (full-time, part-time, seasonal, etc.) employed on all business days during the prior calendar year. _____

4. Number of employees in Colorado: #_____
   Number of employees outside Colorado: #_____

5. Number of eligible employees enrolling: #_____
   Number of eligible employees waiving: #_____

6. Number of full-time or part-time employees who were employed for 20 weeks or more this year or last year: # _____

7. Number of full-time or part-time employees who worked at least 50% of your working days in the preceding calendar year: # _____

8. Hours Worked Requirement:

9. Waiting Period for New Hires: ☐ Date of hire **OR**
   First of month following: ☐ Date of hire ☐ 1 Month ☐ 2 Months
   ☐ Other _____
   Does any class have a different waiting period? (Cannot exceed 90 days)
   ☐ Yes ☐ No
   If yes, please describe:
   _____

10. Waiting Period Waived at Initial/ Open Enrollment
    ☐ Yes ☐ No

11. Employer Contribution Medical (50% minimum)
    Employee _____% Family_____%

12. Classes Excluded (If any, please describe.)

13. Number of employees, former employees, or employees currently covered by or eligible for a Colorado or COBRA Continuation of Coverage plan: #_____

14. Do you administer your own COBRA?
    ☐ Yes ☐ No

15. Do you want RMHP to assist in continuation of coverage administration?
    ☐ Yes ☐ No

16. Does your company's eligibility include anyone who is not a company employee; for example, a person who is an independent contractor? ☐ Yes ☐ No

17. Are your employees leased from a leasing company or a professional employer organization? ☐ Yes ☐ No

18. Has your group had health coverage during the last 90 days? ☐ Yes ☐ No
    If yes, name of your current medical carrier: _____

19. In the last 12 months, was coverage through a MEWA? ☐ Yes ☐ No
    Self-Funded? ☐ Yes ☐ No

20. Do you allow for dependent coverage? ☐ Yes ☐ No

Section 3 – Desired Coverage

The total premium for each enrolled employee will be determined by summing the separate premiums of the employee and their dependents for the health plan the employee has selected. Premiums will be summed up for the employee, spouse, and dependent children. For children between the ages of 21 and 26 each premium for each child will be included. If any of the children are under 21, only the three oldest children will be included.

The premium for each specific employee and family member will be based on the age of each person as of the group's effective date. Factors that may affect changes in premium rates include plan design and the addition/deletion of employees and/or dependents. Dependent children are eligible for coverage to age 26.

Rates will be based on the county where the employer has its main place of business. Rocky Mountain Health Plans (RMHP) reserves the right to change premium rates. Periodic rate changes, which must be approved by the Colorado Division of Insurance, are implemented to ensure that the premium collected by RMHP is sufficient to pay the medical claims incurred by RMHP members. Rate changes can occur annually at the time of a group's renewal.

Medical Plan 1:	**Rating Preference** **Age _____ Composite_____**
Medical Plan 2:	
Medical Plan 3:	

Vision Plan:	EAP Plan:	Dental Plan:	☐ Out-of-state employees ☐ Out-of-state dependents

I understand that my group's coverage will not be effective until all required enrollment information is received and approved by RMHMO. I understand RMHMO has the right to terminate coverage and deny benefits if any information provided by the undersigned for is knowingly false, incomplete, or misleading in any material respect.

Any fraud or intentional misrepresentation of a material fact will result in termination of coverage. I understand that I must tell RMHP of any change in responses between the date of application and the effective date of coverage. RMHP has the right to verify information provided and request additional information if necessary.

Employer/Authorized Signature:	Title:	Date:
Broker Signature:	Name of Agency:_____ Broker Name: _____ Alternate Contact: _____ Phone #: _____ Email: _____	
Producer license #/Tax ID:		

Plans underwritten by Rocky Mountain HMO (RMHMO)

Rocky Mountain Range HMO | Rocky Mountain Summit HMO

BRONZE	**SILVER**	**GOLD**
HMO HSA 5500/50 HMO 5800/65 HMO HSA 6550/100	HMO 1750/70 - $40 HMO 2700/70 - $45 HMO 3200/80 - $40 HMO HSA 3750/100 HMO 4000/Copay $30	HMO 0/70 HMO 500/80 - $35 HMO 1000/Copay $30 HMO HSA 2000/100

New West Focus HMO | Colorado Springs Health Partners HMO

HMO Bronze HSA 6550/100	HMO Silver 2700/70 - $45	HMO Silver 1750/70 - $40	HMO Gold 500/80 - $35

Monument Health PPO

PPO Bronze 5650/6500 PPO Bronze HSA 6500/7100	PPO Silver 3000/4500 PPO Silver HSA 4000/5500	PPO Gold 1000/2000

Read important information below:

An access plan is available for each managed care network offered by RMHP to any interested party upon request. Such access plans contain information on: providers; hospitals; referral and grievance procedures; quality assurance; access for members with special needs; emergency coverage provisions; and other information on how to access services.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 UP TO 100 EMPLOYEES, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP.

For small employer groups, see the enclosed Disclosure Notice for Small Employer Groups, which is incorporated into this document by reference.

Multi-Language Insert for Notices

ROCKY MOUNTAIN HEALTH PLANS®

English

There is important information about your coverage or application with Rocky Mountain Health Plans (RMHP) in this notice. Review it carefully. Look for actions you may need to take and deadlines. You have the right to get information in your language at no cost. Call 800-346-4643 for assistance.

Spanish

Hay información importante sobre su cobertura o solicitud de Rocky Mountain Health Plans (RMHP) en este aviso. Revíselo meticulosamente. Tome las acciones necesarias y considere las fechas de vigencia. Usted tiene el derecho a obtener esta información en su idioma sin ningún cargo. Llame al 800-346-4643 para obtener asistencia.

Arabic

في هذه المذكرة هناك معلومات هامة بخصوص التغطية الخاصة بك أو التطبيق الخاص بك مع الخطط الصحية لروكي ماونتن (RMHP). عليك مراجعتها بعناية. وقم بالبحث عن التصرف الذي قد يكون عليك القيام به ومدد المهلة المطلوبة لذلك. إن من حقك الحصول على المعلومات بلغتك بدون مقابل. ويكون عليك الاتصال على الرقم 800-346-4643 للمساعدة.

German

Es gibt wichtige Informationen über Ihre Absicherung oder Anwendung bei Rocky Mountain Health Plans (RMHP) in dieser Mitteilung. Sehen Sie diese sorgfältig durch. Schauen Sie, ob sie Maßnahmen ergreifen oder Termine einhalten müssen. Sie haben das Recht, kostenlos Informationen in Ihrer Sprache zu erhalten. Rufen Sie 800-346-4643 an, wenn Sie Hilfe benötigen.

French

Cette notice comprend des informations importantes sur votre assurance ou votre demande aux régimes de Rocky Mountain Health Plans (RMHP). Veuillez l'examiner attentivement. Voyez quelles actions que vous devez prendre et leurs échéances. Vous avez le droit d'obtenir gratuitement des renseignements dans votre langue. Appelez le 800-346-4643 pour obtenir de l'aide.

Japanese

この通知にはロッキー・マウンテン・ヘルス・プラン (RMHP) の補償範囲と申請に関する重要な情報が掲載されていますので、よくお読みください。行う必要のある手続きおよび締め切り日にご注意ください。お客様には、関連情報を無料で母国語で受け取る権利があります。800-346-4643 までご連絡いただきサポートをご依頼ください。

Korean

이 안내문은 로키 마운틴 의료 보험 (Rocky Mountain Health Plans (RMHP))의 보험 적용 범위 또는 신청서에 대한 중요한 정보를 포함하고 있습니다. 신중하게 검토하시기 바랍니다. 취해야 할 조치와 마감기일에 유의하세요. 고객님의 언어로 된 정보를 무료로 받으실 수 있습니다. 서비스 관련 문의는800-346-4643 로 전화주시기 바랍니다.

Nepali

यो सूचनामा तपाईको बीमाकृत राशि वा रकी माउन्टेन हेल्थ प्लान्स् (RMHP) लाई तपाईले पेश गर्नुभएको आवेदनका बारेमा महत्त्वपूर्ण जानकारीहरू छन्। यसलाई ध्यानपूर्वक हेर्नुहोस्। तपाईंले चाल्न आवश्यक हुन सक्ने कदमहरू र समय सीमाबारे थाहा पाउनुहोस्। तपाईंसँग आफ्नो भाषामा निःशुल्क रूपमा जानकारीहरू प्राप्त गर्ने अधिकार छ। सहायताका लागि 800-346-4643 मा फोन गर्नुहोस्।

Persian

در این یادداشت اطلاعات مهمی راجع به درخواست یا پوشش مد نظر شما از سوی Rocky Mountain Health Plans (RMHP) ارائه می شود. با دقت آنرا مطالعه فرمایید. به اقداماتی که باید انجام دهید و مهلت مقرر آنها توجه نمایید. شما حق دارید اطلاعات را به زبان خودتان بدون پرداخت هزینه ای دریافت کنید. برای درخواست کمک به شماره 800-346-4643 زنگ بزنید.

Russian

В данном уведомлении содержится важная информация касательно Вашего страхового покрытия или заявления в организацию Rocky Mountain Health Plans (RMHP). Просим Вас внимательно его изучить. Вам необходимо наметить порядок действий и сроки. У Вас есть право на бесплатное получение информации на родном языке. За помощью обращайтесь по номеру телефона 800-346-4643 .

Simplified Chinese

本通知中包含有关落矶山健康计划（RMHP）范围和应用的重要信息。请仔细阅读。寻找您可能需要采取的措施和最终期限。您有权免费获得以自己的语言提供的信息。请致电 800-346-4643 寻求帮助。

Vietnamese

Trong thông báo này có thông tin quan trọng về phạm vi bảo hiểm hoặc đơn xin của quý vị với Chương Trình Chăm Sóc Sức Khỏe Rocky Mountain Health Plans (RMHP). Vui lòng xem kỹ thông báo này. Hãy tìm các hành động quý vị cần thực hiện và hạn chót của các hành động đó. Quý vị có quyền nhận thông tin bằng ngôn ngữ của quý vị mà không bị tính phí. Hãy gọi 800-346-4643 để được hỗ trợ.

Yoruba

Ìfitónilétí pàtàkì wà nípa ìdarapọ̀ rẹ àbí ìbéèrè rẹ pèlú Àwọn Èto Ìlera Rocky Mountain [RMHP] nínú àfiyèsí yìí. Fi pèlépèlé gbé e yẹ̀wò. Wò àwọn ìgbésẹ̀ tí o lè gbé àti àwọn àkókò tí ó dópin. O ní ẹ̀tọ́ láti gbà ìfitónilétí yìí ní èdè rẹ lọ́fẹ̀ẹ́. Pè 800-346-4643 fún ìrànlọ́wọ́.

Ibo/Igbo

Enwere ozi dị mkpa gbasara mkpuchi ma ọ bụ akwụkwọ anamachọihe gị na Rocky Mountain Health Plans (RMHP) n'ọkwa a. Gụgharịa ya nke ọma. Chọọ ihe ndị ị ga-eme yana nduzi. Ị nwere ikike ịnweta ozi n'asụsụ gị na akwụghị ụgwọ ọ bụla. Kpọọ 800-346-4643 maka enyemaka.

Tagalog

May mahalagang impormasyon tungkol sa iyong coverage o aplikasyon sa Rocky Mountain Health Plans (RMHP) sa paalalang ito. Suriin ito nang mabuti. Alamin ang mga pagkilos na maaaring kailangan mong gawin at hanggang kailan mo dapat maisagawa ang mga iyon. May karapatan kang humiling ng impormasyon sa iyong wika nang libre. Tumawag sa 800-346-4643 para sa tulong.

Amharic

በዚህ ማስታወቂያ ላይ Rocky Mountain Health Plans (RMHP) ስለሚሰጥዎት ሽፋን ወይም ማመልከቻዎን በተመለከተ ጠቃሚ መረጅ አይገኛል። በጥንቃቄ ይገምግሙት። መውሰድ ሊኖርብዎት ስለሚችሉ እርምጃዎችና የግዜ ገደብ ላይ ያተኩሩ። ያለምንም ክፍያ በቋንቋዎ መረጃ የማግኘት መብት አለዎት። እርዳታ ለማግኘት በ 800-346-4643 ይደውሉ።

Cushite — Oromo

Facaatii yokin iyyanoo kee Rocky Mountain Health Plans (RMHP) walin qabiduu ilalichisee odeeffannoo baribaachisaatu jiraa. Irra deebi'an siriti xiinxalii. Kan itifuxachoo qabidu fi guyyaa itti xumramuu itti hojachofi ilaalii. Kafalitii malle odeeffanno afani ketiinarigachofi miriga qabidaa. Garigarisafi 800-346-4643 lakofisaa kananii bilibili.

Kru-Bassa

Li bihne lini li gwe banga bi niigana. Li bihne lini li gwe banga bi niigana nyu mam ma kolbaha ndjombi yong tole ma teeda mong ngueda Rocky Mountain Health Plans (RMHP). Yeng ma kel ma ngui munu li bihne lini. Bebeg le u nlama bon nguim man nwaale guim di loo i nkwo nyu I teda mateda ma mboo yong tole I bana mi nsombog mi mahola. U gwee Kundei kosna biniiguene bini ni mahola i hop wong nni nsaa wogui wo. Sebel 800-346-4643.

Notice of Nondiscrimination
Rocky Mountain Health Plans (RMHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. RMHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

RMHP takes reasonable steps to ensure meaningful access and effective communication is provided timely and free of charge:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters (remote interpreting service or on-site appearance)
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as:
    - Qualified interpreters (remote or on-site)
    - Information written in other languages

If you need these services, contact the RMHP Member Concerns Coordinator at 800-346-4643, 970-243-7050, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643.

If you believe that RMHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: the RMHP EEO Officer at 800-346-4643, 970-244-7760, ext. 7883, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643, or eeoofficer@rmhp.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the RMHP EEO Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.