ROCKY MOUNTAIN HEALTH PLANS®

Plans underwritten by Rocky Mountain HMO (RMHMO)

OE

Application for Health Benefits For Large 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 during the immediately preceding calendar year: #____ b. Number of Full Time Equivalents (FTE) during same time frame as "a"*: #____ *The FTE is the sum of all part time employee hours each month divided by 120.	10. Waiting Period Waived at Initial Open Enrollment ☐ Yes ☐ No
2. Number of employees eligible for health benefits coverage: #_____	11. Employer Contribution Medical (50% minimum) Employee _____% Family_____%
3. Average number of **all** employees (full-time, part-time, seasonal, etc.) employed on all business days during the prior calendar year. _____	12. Classes Excluded (If any, please describe.)
4. Number of employees in Colorado: #_____ Number of employees outside Colorado: #_____	13. Number of employees, former employees, or employees currently covered by or eligible for a Colorado or COBRA Continuation of Coverage plan: #_____
5. Number of eligible employees enrolling: #_____ Number of eligible employees waiving: #_____	14. Do you administer your own COBRA? ☐ Yes ☐ No
6. Number of full-time or part-time employees who were employed for 20 weeks or more this year or last year: # _____	15. Do you want RMHP to assist in continuation of coverage administration? ☐ Yes ☐ No
7. Number of full-time or part-time employees who worked at least 50% of your working days in the preceding calendar year: # _____	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
8. Hours Worked Requirement:	17. Are your employees leased from a leasing company or a professional employer organization? ☐ Yes ☐ No
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:	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

Medical Plan 1:

Medical Plan 2:

Medical Plan 3:

Vision Plan:	EAP Plan:	Dental Plan:	Chiro 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 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:		

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.

Multi-Language Insert

ROCKY MOUNTAIN HEALTH PLANS®

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-346-4643 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-346-4643 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-346-4643 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-346-4643 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-346-4643 (TTY: 711)번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-346-4643 (телетайп: 711).
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-346-4643 (መስማት ለተሳናቸው: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-643-008-- 3464(رقم هاتف الصم والبكم: 117).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-346-4643 (TTY: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-346-4643 (ATS : 711).
Nepali	ध्यान दिनुहोस्: तपाईले नेपाली बोल्नुहुन्छ भने तपाईको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-346-4643 (टिटिवाइ: 711) ।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-346-4643 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-346-4643（TTY:711）まで、お電話にてご連絡ください。
Cushite/Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-346-4643 (TTY: 711).
Persian	**توجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-643-008-1 3464 (117:YTT) تماس بگیرید.
Ibo/Igbo	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-346-4643 (TTY: 711).
Kru-Bassa	Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jŭ ké m̀ [Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀] jŭ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ ɓɛ́ìn m̀ gbo kpáa. Ɖá 1-800-346-4643 (TTY: 711)
Yoruba	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-346-4643 (TTY: 711).

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, sexual orientation, or gender identity. RMHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex, sexual orientation, or gender identity.

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, sexual orientation, or gender identity , 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, 1-800-368-1019, 800-537-7697 (TDD).

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

RMHP is a Medicare-approved Cost plan. Enrollment in RMHP depends on contract renewal.