

**Group Application**  
Small Employer NationCare

# STERLING Life Insurance Company

Application for Group Insurance is made to STERLING Life Insurance Company,  
Bellingham, Washington 98227

**A. APPLICANT INFORMATION**

Applicant \_\_\_\_\_

Group# \_\_\_\_\_ Requested Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Corporate Name of Employer \_\_\_\_\_

2. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Employer Tax ID# \_\_\_\_\_

4. Doing Business As (DBA) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Choice of PPO Network(s) for each state with employee residents (limit of one network per state)

STATE	PPO NETWORK	STATE	PPO NETWORK

6. Number of benefit plans attached \_\_\_\_\_

**FOR GROUP MASTER POLICY:** (SLIC SG POL ACA UT 513) providing major medical coverage with benefits outlined in the attached Benefit Plan.

**DESCRIPTION OF ELIGIBLE PERSONS, COVERED PERSON/INSURED CONTRIBUTION, POLICYHOLDER CONTRIBUTION, AND PARTICIPATION REQUIREMENTS:**

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

Nature of Business \_\_\_\_\_

Employer acknowledges that the Contract is entered into by Sterling Life Insurance Company in reliance upon the Employer supplying complete and accurate information including, but not limited to, this document and any employee (Subscriber) applications, all of which shall be considered to be material representations of fact by Employer to Sterling Life Insurance Company. Employer states the following to be accurate:

## B. EMPLOYEE RECONCILIATION

- \_\_\_\_\_ Number of full-time employees\*
- \_\_\_\_\_ Number of ineligible employees\* (part-time, seasonal, temporary)
- \_\_\_\_\_ Total number of employees
- \_\_\_\_\_ Total number of out-of-area employees
- \_\_\_\_\_ Number of out-of-area employees enrolling
- \_\_\_\_\_ Number of out-of-area employees waiving due to other group coverage
- \_\_\_\_\_ Number of out-of-area employees waiving without other group coverage
- \_\_\_\_\_ Number of employees currently in a new hire waiting period

\*Owners, officers, partners, and all other employees who work no less than 30 hours per week on a regular basis wherein an Employer/employee relationship exists and where taxes are deducted from a salary. Independent contractors, leased, part-time, temporary, and retired employees are not eligible.

## C. MONTHLY PREMIUM

On or before the first day of each month, the Employer shall remit to SelectHealth the Premium per the rate schedule.

## D. ELIGIBILITY, CONTRIBUTION, AND ENROLLMENT CRITERIA

The Employer must satisfy the following mandatory employee eligibility and enrollment requirements as a condition to the initial and continued effectiveness of this contractual arrangement as follows:

### 1. Newly Eligible Employees

The Employer Waiting Period\* is:

- 0 month
- 1 month
- 2 months

The Effective Date will be the first day of the next calendar month following the Employer Waiting Period.

- Dual Waiting Periods for separate classes (classes determined by Employer)

Combination of any two of the three waiting periods listed above (zero to two months).

Class \_\_\_\_\_ Waiting Period \_\_\_\_\_

Class \_\_\_\_\_ Waiting Period \_\_\_\_\_

\*The Employer Waiting Period can only be changed twice: once at renewal and one time outside of the renewal period.

### 2. Employer Monthly Contribution

Employer must contribute an amount equivalent to at least 50 percent of the single coverage Premium. The Employer contribution must be consistent for all employee classes.

### 3. Minimum Number of Employees

A minimum of one out-of-state employee must be enrolled at all times with a maximum 30 percent of enrolled employees residing outside the state of Utah.

#### Required Minimum Employee Enrollment

Employers with one to four enrolling out-of-

state employees—100 percent must participate  
Employers with five or more enrolling out-of-state employees—75 percent must participate

*Employees waiving coverage due to group coverage through a spouse or parent plan only will not be counted toward participation. Also, groups enrolling between November 15 and December 15 for a January effective date are not subject to participation and contribution requirements.*

### 4. Dependent Age Limitations

Dependent children are eligible for coverage up to age 26, unless they meet the criteria for disabled children as specified in the Certificate of Coverage.

### 5. Termination of Coverage

Employee and Dependent(s) coverage will terminate as of the end of the month in which termination of eligibility occurs. However, when an event causing loss of eligibility should have resulted in a member's retroactive termination, but the retroactive termination is not allowed under federal or state law, Sterling Life Insurance Company has the discretion to determine the prospective date of termination.

### 6. Leave of Absence

Eligible employees are granted a leave of absence by the Employer for up to 60 days. Leave time can only be accrued and used by the employee using the leave time. Leave Banks, where employees share or purchase leave time from other employees, are not allowed.

**E. DURATION OF MASTER GROUP POLICY**

If minimum employee participation and Employer contribution requirements are satisfied, the Master Group Policy and its terms shall commence on the effective date for a term of 12 months.

**F. SCHEDULE OF BENEFITS**

In addition to any other applicable Premium, Insured Employees shall pay the copay/coinsurance amount per occurrence on the Schedule of Benefits. "Not Covered" on the Schedule of Benefits indicates that the service is not covered regardless of any other statement of coverage.

**G. SIGNATURE**

Coverage, if approved, is made on the basis of information provided to Sterling Life Insurance Company by the Employer and its employees and is subject to the above criteria as well as properly completed employee applications. Employer understands that Sterling Life Insurance Company is relying on such information in making decisions about coverage and payment. Employee applications must be submitted to and approved by the SelectHealth Underwriting department before the proposed effective date. Otherwise, Sterling Life Insurance Company may delay the effective date of issue of this Master Group Policy. During regular business hours, Sterling Life Insurance Company will have the right to audit Employer's payroll records before, during, or following the term of the contract to verify employee enrollment and eligibility data, which may be relevant to enforcement of the terms of the Master Group Policy.

This Group Application, as part of the Master Group Policy, must be signed by Employer and received by Sterling Life Insurance Company before the Contract can be finalized.

Employer understands and agrees that any coverage provided will be limited according to the terms of this Group Application, the Employer Plan Coverage List, and the Master Group Policy (including the Schedule of Benefits).

This Group Application is attached to and made a part of the Master Group Policy is effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

It cancels and replaces all other applications, if any, attached to the Master Group Policy. This Application will be void if not signed and returned to the Company prior to the effective date.

**Company Name:** \_\_\_\_\_

**Owner's name (print here):** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_