

A: COMPANY NAME: _____

Group Size: _____

Check category in each Provisions Sections: "B" Eligibility Status, "C" Commencement of Coverage

B: ELIGIBILITY STATUS (check all categories applicable):

SALARIED	HOURLY	OTHER (Please list)	B1. ELIGIBLE EMPLOYEES:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Active Employees <input type="checkbox"/> Retirees:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Permanent Full Time employees scheduled to work at least _____ hours per week. **Eligible employee means a permanent employee who has a regular working week of 30 or more hours.../NRS689C.065
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: (Attach Explanation)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Leave of Absence:

B2. DEPENDENT POLICY:

- ☐ Employee Only (available for Employers with fewer than 50 fulltime equivalent Employees)
- ☐ Employees and dependent children
- ☐ Employees, spouse and dependent children
- ☐ Employees, spouses, domestic partners and dependent children

C: Commencement of Coverage (Check all categories applicable):

Eligible employment begins on:

- ☐ Date of Hire (default) OR
- ☐ Following a reasonable and bona fide employment-based orientation period of _____ days (not to exceed 30 days). By selecting this box you attest that the orientation period you require is both reasonable and bona fide.
- Eligible employment also begins when a part time employee begins to work full time.

SALARIED	HOURLY	OTHER (Please list)	C1 NEWLY ELIGIBLE EMPLOYEES EFFECTIVE FOR COVERAGE:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1st of Month on or following date of eligible employment Termination of Coverage = Last day of month which employee ceases to be eligible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1st of Month on or following _____ day(s) of eligible employment Termination of Coverage = Last day of month which employee ceases to be eligible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1st of Month on or following _____ month(s) of eligible employment Termination of Coverage = Last day of month which employee ceases to be eligible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Additional Information: (Attach Explanation) Termination of Coverage =
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>LARGE EMPLOYERS ONLY HAVE THE FOLLOWING ADDITIONAL OPTIONS:</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date of eligible employment Termination of Coverage = Midnight, the date of termination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ days or <input type="checkbox"/> months from date of eligible employment Termination of Coverage = Midnight, the date of termination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: (Attach Explanation) Termination of Coverage =

C2. NEWLY ELIGIBLE DEPENDENTS *Births and Loss of Coverage will always be date of event*

- ☐ 1st of Month following Date of Eligibility/Event ☐ Date of Eligibility/Event ☐ Other: _____

If this section is not addressed, policy will default to Newly Eligible Employee Provision

C3. PART TIME TO FULL TIME POLICY

(Only applies to large groups)

☐ Does Not Apply

Minimum # of _____ ☐ Days or ☐ Months

Working P/T before going F/T, then Coverage Effective:

☐ Date of Full Time Status

☐ 1st of Month following Full Time Status

☐ Other: (Attach Explanation)

If this section is not addressed, policy will default to Newly Eligible Employee Provision - only applies to employees covered prior to termination with current carrier.

C4. REHIRE EMPLOYEE POLICY

☐ Does Not Apply

If rehired within _____ ☐ Days or ☐ Months of termination then Coverage Effective:

Maximum period for rehire policy is 12 months.

☐ Date of Rehire (Only applies to large groups)

☐ 1st of Month following Rehire

☐ Other: (Attach Explanation)

PAYMENT PROVISIONS

D. PAYMENT PROVISIONS:

FULL MONTHLY PREMIUM

If commencement of coverage falls on:

* The 1st through the 15th of the month - FULL PREMIUM DUE

* The 16th through the end the month - NO PREMIUM DUE

If termination of coverage falls on: _____

* The 1st through the 14th of the month - NO PREMIUM DUE

* The 15th through the end the month - FULL PREMIUM DUE

Updates and revisions to these provisions can ONLY be made at renewal date of health plan(s) and must be approved by carrier. All Changes must be submitted in writing. Authorized signature required below for approval of current provisions or changes made.

Dated this _____ day of _____, year _____

(Print Name and Title of Company Representative)

(Signature of Company Representative)

Primary Contact and email: _____

Secondary Contact and email: _____

Notes:

This area for internal use only:-

Renewal Effective Date _____

Date _____ **SSR** _____ **Section Chg'd** _____ **Eff. Date** _____