

ENROLLMENT SUMMARY

MEDICARE SECONDARY PAYER COMPLIANCE (CHECK APPROPRIATE BOX)

Multiple employer plan: a plan sponsored by more than one employer. **Multi-employer plan:** a plan jointly sponsored by employers and unions.

If you are a single employer plan:

☐ Yes ☐ No Our company employed 20 or more employees** each working day in 20 or more calendar weeks during the current or preceding calendar year.

If you are a single employer, multiple employer or multi-employer plan:

☐ Yes ☐ No Our company employed 100 or more employees** on 50 percent or more of the business days during the preceding calendar year.

If you are a multiple employer or a multi-employer plan:

☐ Yes ☐ No All employers in our Group Health Plan (GHP) employed 20 or more employees** for 20 or more weeks in either the current or preceding calendar year.

☐ Yes ☐ No At least one of the employers in our GHP employed 20 or more employees** for 20 or more weeks in either the current or preceding calendar year.

☐ Yes ☐ No All employers in our GHP employed fewer than 20 employees** for 20 or more weeks in either the current or preceding calendar year.

COMMON OWNERSHIP / CONTROLLED GROUP COMPLIANCE (CHECK APPROPRIATE BOX)

☐ Yes ☐ No Our company is part of a common ownership or Controlled Group as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") which states that all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer. If you answered yes, you are required to complete the Common Ownership form # 62891-0910 SR as part of your application.

** "Employees" includes all full and/or part time employees

I. General Information				Tax ID # _____
1. Group Name			2. Group Number	
3. Group Sales Rep/Agent			4. Effective Date	
5. Employer Contribution Toward Employees Premium (must be at least 100% for 1-3, 50% for 4-50 and 75% for 51+)				
II. Recap of Employee Participation (include all employees from Common Ownership if Boxed checked Yes above)				
1. TOTAL EMPLOYEES ON PAYROLL			⇒	
2. TOTAL COBRA CONTINUANTS			⇒	
3. TOTAL INELIGIBLE EMPLOYEES			Total of A + B + C	⇒
	A. Total Part Time Employee(s)	⇒		
	B. Total New Employee(s) (in Waiting Period)	⇒		
	C. Other	⇒		
4. TOTAL ELIGIBLE EMPLOYEES (DETERMINES GROUP SIZE & PRODUCT)			1 + 2 Minus 3	⇒
	D. Total Employees with Other Group Coverage	⇒		
	E. Other	⇒		
	F. Total from Common Ownership Groups that are not Covered by BCBSFL	⇒	⇒	
5. TOTAL ELIGIBLE FOR PARTICIPATION			4 Minus D minus E minus F	⇒
	G. Total Refusals (eligible employees not taking the coverage or with individual coverage)	⇒		
6. TOTAL ENROLLED			5 Minus G	⇒
7. EMPLOYEE PARTICIPATION (100% 1-3, 70% 4-50, 75% 51+ is REQUIRED)			6 Divided by 5	⇒

Employers must have an application completed for all employees, even those who are not taking the health coverage, and submit those applications to Blue Cross and Blue Shield of Florida, Inc. and/or Health Options, Inc. It is recommended that the employer also retain a copy of all applications.

I certify that the above information is correct to the best of my knowledge. I understand that this information will be used to determine my company's compliance with Blue Cross and Blue Shield of Florida, Inc. and/or Health Options, Inc. eligibility and Underwriting Guidelines, as well as the applicability of State and Federal laws relating to my company and plan. Blue Cross and Blue Shield of Florida, Inc. and/or Health Options, Inc. reserves the right to request a UCT-6 or other documentation as evidence of business activity at any time and from time to time in order to validate my compliance with eligibility and Underwriting Guidelines, as well as validate the applicability of State and Federal laws.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Group Officer's Signature

Title

Date

Blue Cross and Blue Shield of Florida, Inc. and Health Options, Inc. are independent Licensees of the Blue Cross and Blue Shield Association.