HealthyTexas

(DO NOT STAPLE)

UnitedHealthcare
A UnitedHealth Group Company

Employer Application

UnitedHealthcare Insurance Company
National Pacific Dental, Inc.
Unimerica Insurance Company

To avoid processing delays, please make sure you:
1 Answer all questions completely and accurately.
2 Complete and submit the Product and Benefit Selection Form, if applicable.
3 Submit most recent wage and tax information.
4 Include a deposit check for any required premiums.

Requested Effective Date

Healthy Texas Qualification Questions

Please select your coverage option: ☐*Healthy* ***Texas 500*** ☐*Healthy* ***Texas 1500*** ☐*Healthy* ***Texas 2000*** ☐*Healthy* ***Texas 2500*** ☐*Healthy* ***Texas HSA 2500***

☐ Yes ☐ No	1. Within the last 12 months, has your business provided group health insurance that included both medical and hospital benefits to your employees?
☐ Yes ☐ No	a. If the answer to question 1 above is "Yes", did your business contribute more than $50 per employee per month toward the premium?
☐ Yes ☐ No	b. If the answer to question 1 above is "Yes", did your business provide coverage with an annual maximum benefit level equal to or greater than $50,000?
☐ Yes ☐ No	If the answer to questions 1a and 1b above is "Yes", then your business is not eligible for *Healthy* ***Texas***, unless coverage was under a *Healthy* ***Texas*** benefit plan through another insurer. Is the coverage referenced above a *Healthy* ***Texas*** benefit plan through an insurer other than UnitedHealthcare?

Please answer these questions. Please note that you must be able to check "Yes" to questions 1-7 in this section in order to be eligible to purchase *Healthy* ***Texas***.

☐ Yes ☐ No	1. Does your business have 2-50 eligible employees?
☐ Yes ☐ No	2. Do at least 30% of eligible employees earn annual wages in 2011 of $32,670 or less?
☐ Yes ☐ No	3. Will your business contribute at least 50% of the *Healthy* ***Texas*** premium on behalf of full-time employees (30 hours or more per week)?
☐ Yes ☐ No	4. Will your business offer coverage to all employees working 30 hours or more per week who earn annual wages in 2011 of $32,670 or less?
☐ Yes ☐ No	5. Will your business offer coverage to the dependents of all eligible employees? (Note: Employers must offer coverage to dependents but are not required to contribute to premiums for dependent coverage.)
☐ Yes ☐ No	6. Will at least 60% of eligible employees who are offered *Healthy* ***Texas*** coverage through your business actually accept enrollment?
☐ Yes ☐ No	7. Will at least one employee earning annual wages in 2011 of $32,670 or less enroll in the *Healthy* ***Texas***?
☐ Yes ☐ No	Employers may choose to make *Healthy* ***Texas*** available to their part-time workers (those who work less than 30 hours weekly). You do not have to contribute toward the premiums for part-time workers. Will your business be offering *Healthy* ***Texas*** coverage to part-time workers?

General Information

Group's Legal Name

Group Name to appear on ID card (maximum 30 characters)

Street Address | Tax ID

City | State | Zip Code | Names of Owners/Partners (if applicable)

Contact Person | Telephone | Fax | Email Address

Billing Address (If Different) | # of Years in Business

Coverage Provided by "UnitedHealthcare and Affiliates":
Medical coverage provided by UnitedHealthcare Insurance Company
Dental coverage provided by UnitedHealthcare Insurance Company (indemnity), National Pacific Dental, Inc. (HMO) or Unimerica Insurance Company (indemnity)
Life, Short-Term Disability (STD), Long-Term Disability (LTD) insurance coverage provided by UnitedHealthcare Insurance Company or Unimerica Insurance Company
Vision coverage provided by UnitedHealthcare Insurance Company (PPO, indemnity) or Unimerica Insurance Company (PPO, indemnity)

(continued on next page)

General Information (continued)

Organization Type ☐ Partnership ☐ C-Corp ☐ S-Corp ☐ LLC/LLP ☐ Ind. Contractor ☐ Sole Proprietor ☐ Other_____	Nature of Business	Industry (SIC) Code

Multi-Location Group* ☐ Yes ☐ No	# Locations	Address(es) (or list on additional sheet of paper)

*If you are an employer with a majority of your employees out of the submission state your benefit plans may vary based upon applicable state regulations.	Subject to ERISA regulation ☐ Yes ☐ No

Waiting Period for new hires	☐ 1st of Policy Month following Date of Hire ☐ 1st of Policy Month following ____ [months] [days] of employment ☐ Date of Hire (no waiting period) ☐ ____ [months] [days] of employment following Date of Hire	Waiting Period waived for initial enrollees ☐ Yes ☐ No	Medical Benefit Plan Option ☒ Policy Year Calendar Year option is not available

Have Workers' Comp ☐ Yes ☐ No	Workers' Comp Carrier Name	Names of Owners/Partners not covered by Workers' Comp:

Names of Persons currently on COBRA/Continuation, and/or Short/Long Term Disability: ☐ See Attached List ☐ None	Classes Excluded: ☐ None ☐ Union ☐ Hourly ☐ Non-Management ☐ Non-Owners

☐ By checking this box, I acknowledge that I do NOT want UnitedHealthcare to act as my COBRA or state continuation of coverage administrator.

What is your administrative policy regarding termination of eligibility for benefits related to your medical policy following a leave of absence? (Please refer to the applicable state and federal rules that may require benefits to be provided for a specific length of time while an employee is on leave.)

☐ Last Day worked (following the last day worked for the minimum hours required to be eligible)
☐ 3 Months (following the last day worked for the minimum hours required to be eligible)
☐ 6 Months (following the last day worked for the minimum hours required to be eligible)
☐ UnitedHealthcare Policy Special Provisions Related to Medical Eligibility*

***UnitedHealthcare Special Provisions Related to Medical Eligibility**

If the employer continues to pay required medical premiums and continues participating under the medical policy, the covered person's coverage will remain in force for: (1) No longer than 3 consecutive months if the employee is: temporarily laid-off; in part time status; or on an employer approved leave of absence. (2) No longer than 6 consecutive months if the employee is totally disabled.

If this coverage terminates, the employee may exercise the rights under any applicable Continuation of Medical Coverage provision described in the Certificate of Coverage.

Participation		# Employees Applying for:		# Employees Waiving for:		Contribution	Employer %	Employer % for Dep	Employer % for PT
# Eligible Employees		Medical		Medical		Medical			
# Ineligible Employees		Dental		Dental		Dental			
# Part-time Employees less than 30 hours per week		Vision		Vision		Vision			
		Basic Life/AD&D		Basic Life/AD&D		Basic Life/AD&D			
		Dep Life		Dep Life		Dep Life			
		STD		STD		STD			
		LTD		LTD		LTD			
		Other		Other		Other			

Questions Regarding Group Size

☐ COBRA ☐ St. Continuation	Under federal law, if your group had 20 or more employees on your payroll on at least 50% of the group's working days during a calendar year, you must provide employees with COBRA continuation effective January 1 of the next calendar year. If your group had fewer than 20 employees during a calendar year, you must provide State Continuation effective January 1 of the next calendar year.
☐ Medicare Primary ☐ Plan Primary	Under federal law, if your group had 20 or more employees during 20 or more calendar weeks in the preceding calendar year, the Health Plan is primary and Medicare is secondary. This statement does not set forth all rules governing group level Medicare status. The Group should contact its legal and/or tax advisor(s) for information regarding other rules that may impact the Group's Medicare status. Under federal law it is the Group's responsibility to accurately determine its Medicare status.
☐ Yes ☐ No	Are there any other entities associated with this group that are eligible to file a combined tax return under Section 414 of the Internal Revenue Code? If yes, please give the legal names of all other corporations and the number of employees employed by each. Note: If you answered yes, this answer impacts your answers to the other questions regarding group size.

Important Information

I understand that the Certificate of Coverage or Summary Plan Description, and other documents, notices and communications regarding the coverage indicated on this application may be transmitted electronically to me and to the Group's employees.

I represent that, to the best of my knowledge, the information I have provided in this application – including information regarding qualified beneficiaries and dependents who have elected continuation under COBRA or state continuation laws – is accurate and truthful. I understand that UnitedHealthcare and Affiliates will rely on the information I provide in determining eligibility for coverage, setting premium rates, and other purposes, and that any misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, increase in premiums retroactive to the policy date, or other consequences as permitted by law.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

UnitedHealthcare disclosure regarding producer compensation: We pay brokers and agents (referred to collectively as "producers") compensation for their services in connection with the sale of our insured products, in compliance with applicable law. We pay "base commissions" based on factors such as product type, amount of premium, group size and number of employees. These commissions are reflected in the premium rate. In addition, we may pay bonuses pursuant to bonus programs established from time to time which are designed to encourage the introduction of new products and provide incentives to achieve production targets, persistency levels, growth goals or other objectives. Bonus expenses are not directly reflected in the premium rate but are included as part of the general administrative expenses. It is our policy not to pay commissions to producers with respect to a product for which the customer is also paying the producer a commission or other fee. Please note we also make payments from time to time to producers for services other than those relating to the sale of policies (for example, compensation for services as a general agent or as a consultant).

Producer compensation is subject to disclosure on Schedule A of the ERISA Form 5500 for customers governed by ERISA. We provide Schedule A reports to our customers pursuant to federal law. We also have taken steps to ensure that producers properly disclose their compensation arrangements to their customers, but we cannot guarantee the producer's compliance. For general information on our producer payment arrangements, including the approximate percentage of total compensation that total bonus payments comprise, please go to http://www.uhc.com and enter the term "overview of producer compensation" in the search box. For specific information about the compensation payable with respect to your particular policy, please contact your producer.

Signature

Group Authorized Signature	Title	Date

Commission Information

Writing Broker Name	Writing Broker SSN		Is the Broker appointed with UHC? ☐ Yes ☐ No
Commissions Payable to:	CRID Code (for internal use)	Tax ID#	If more than 1 Broker*, Split _____%
Street Address	City	State	Zip Code
Broker Phone #	Broker Email Address	Broker Fax Number	

The contents of this application were fully explained during a meeting with the Group submitting this application. Coverage, eligibility, pre-existing condition limitations, the effect of misrepresentations, and termination provisions were discussed.	**Broker Signature**	**Date**

*If more than 1 Broker, provide the second Broker's information on an additional sheet of paper.

UHC Sales Representative/Account Executive

Sales Representative or Account Executive (First & Last Name)

General Agent Override Information

General Agent	Phone #	Franchise Code	
Street Address	City	State	Zip Code

Admin Kit

Send Admin Kit To:	Address

YOUR STATE INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN TEXAS TO SMALL EMPLOYERS OF 2-50 ELIGIBLE EMPLOYEES, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP.

1250 Capital of Texas Hwy South
Building One, Ste. 250
Austin, TX 78746

1333 West Loop South
Ste. 1100
Houston, TX 77027

5800 Granite Parkway
Ste. 900
Plano, TX 75024

6200 Northwest Parkway
San Antonio,TX 78249