

Employer Group Supplemental Application

APPLICATION is hereby made for group health coverage based on the following statements and representations. This application form is intended to supplement the Colorado Small Group Employer Application previously executed by the Employer Group named below under the EMPLOYER GROUP INFORMATION section. Please complete all sections of this form.

EMPLOYER GROUP INFORMATION

Group Legal Name (as it should appear on contract)

Group DBA Name (if applicable)

Customer or Purchaser ID

Address

Date Original Purchaser application signed (must be attached if not previously provided to KPIC)

Please indicate change, if any

COVERAGE INFORMATION

Health Coverage Change:

☐ POS Indicate plan chosen: _____

☐ PPO Indicate plan chosen: _____

☐ Other _____

Please indicate change, if any: _____

ATTESTATION: (check all that apply)

☐ STAND-ALONE PEDIATRIC DENTAL

I understand that the KP CO PPO medical plan does not include coverage of pediatric dental services as required under the Affordable Care Act (ACA) and that the Colorado Division of Insurance requires carriers to be reasonably assured that a consumer has or will purchase such coverage.

For any employee who is enrolled in this plan, I agree, for and on behalf of the employee, to obtain or purchase such coverage separately.

☐ RELIGIOUS EMPLOYER ATTESTATION

I attest that Group meets all of the requirements for the religious employer exemption from the Colorado requirement to cover contraceptive services, because it meets all of the following requirements:

- The inculcation of religious values is the purpose of the entity.
- The entity primarily employs people who share the religious tenets of the entity.
- The entity serves primarily people who share the religious tenets of the entity.
- The entity is a nonprofit organization as described in Internal Revenue Code sections 6033(a)(3)(A)(i) or (iii).

☐ ELIGIBLE ORGANIZATION ATTESTATION

I attest that Group meets all of the requirements for the eligible organization exemption from the requirement to cover contraceptive services, because it meets all of the following requirements:

- It is a nonprofit organization as described in Internal Revenue Code sections 6033(a)(3)(A)(i) or (iii).
- It has an objection based on religious beliefs to providing some or all contraceptive services.
- It has provided notice in writing to the Department of Health and Human Services of its religious objections to providing some or all contraceptive services;

Group will indemnify and hold harmless Kaiser Permanente Insurance Company (KPIC) and its agents, officers, and employees acting in their capacity as agents of KPIC against any claims, actions, fines, costs (including reasonable attorneys' fees), damages, or judgments, to the extent that they arise out of not covering contraceptive services in reliance on this Religious Employer Exemption Attestation.

CONDITIONS OF ACCEPTANCE

I represent that Group does not impose a waiting period exceeding 90 days on employees who meet Group's eligibility requirements. For purposes of this requirement, a "waiting period" is the period that must pass before coverage for an individual who is otherwise eligible to enroll under the terms of a group health plan can become effective in accord with the waiting period requirements in the Patient Protection and Affordable Care Act and regulations ("ACA"). Also, I represent that eligibility data provided by Group to KPIC will include coverage effective dates for Group's employees that correctly account for eligibility in compliance with the waiting period requirements in the ACA. For example, if the hire date of an otherwise-eligible employee is January 19, the waiting period begins on January 19 and the effective date of coverage cannot be any later than April 19. Note: If the effective date of Group's coverage is always on the first day of the month, in this example the effective date cannot be any later than April 1.

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.

I certify to the best of my knowledge, that all of the responses given are true, correct, and complete. I understand that if I performed an act or practice constituting fraud or made an intentional misrepresentation of material fact, any coverage approved by KPIC may be rescinded, or the applicable premiums/rates may be adjusted.

Name

Title

Signature

Date