

## Group Eligibility Discrimination Form

Group Name: \_\_\_\_\_

**All information provided is subject to final underwriting approval.** Underwriting reserves the right to rescind or amend this proposal based on all required information and/or responses to any qualifications established.

- On groups excluding classes of employees from coverage, please attach the most current SUTA (Quarterly Wage & Tax Report) indicating all employees by corresponding job titles.
- Fill out the following. Be sure to include **specific job titles** if schedule of benefits is by class.

Applies to Product(s) below:		
<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> Life and Short Term Disability	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> Life and Short Term Disability	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> Life and Short Term Disability
Class Description(s): Insert <b>specific job titles</b> under Class Description		
<input type="checkbox"/> All Active Eligible <input type="checkbox"/> Management* <input type="checkbox"/> Non-Management* <input type="checkbox"/> Other* <small>*Note all job titles below</small>	<input type="checkbox"/> All Active Eligible <input type="checkbox"/> Management* <input type="checkbox"/> Non-Management* <input type="checkbox"/> Other* <small>*Note all job titles below</small>	<input type="checkbox"/> All Active Eligible <input type="checkbox"/> Management* <input type="checkbox"/> Non-Management* <input type="checkbox"/> Other* <small>*Note all job titles below</small>
Eligibility	Eligibility	Eligibility
<input type="checkbox"/> Date of Hire First billing date on or after: _____ <input type="checkbox"/> Date of Hire <input type="checkbox"/> 1Mo. <input type="checkbox"/> 2Mo. <input type="checkbox"/> 3 Mo.	<input type="checkbox"/> Date of Hire First billing date on or after: _____ <input type="checkbox"/> Date of Hire <input type="checkbox"/> 1Mo. <input type="checkbox"/> 2Mo. <input type="checkbox"/> 3 Mo.	<input type="checkbox"/> Date of Hire First billing date on or after: _____ <input type="checkbox"/> Date of Hire <input type="checkbox"/> 1Mo. <input type="checkbox"/> 2Mo. <input type="checkbox"/> 3 Mo.

- Disclaimer:** On groups excluding classes of employees from coverage, Job Titles not listed above are considered **ineligible**. Applications received with ineligible Job Titles will not be processed and will be returned to the Group Leader.
- Comments: \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL INFORMATION FOR NON-GRANDFATHERED GROUPS THAT VIOLATE SALARY NONDISCRIMINATION RULES AND REGULATIONS**

The Affordable Care Act creates problems for insured groups that violate Salary Nondiscrimination rules and regulations. Insured group health plans must now comply with nondiscrimination rules that previously applied only to self funded groups. Nondiscrimination testing applies to eligibility, benefits, utilization (actual participation), and controlled groups. Testing failure may mean that the group will have to pay very high excise tax penalties (\$100 per day per impacted person).

Group understands that if it performs, or requests that carrier perform any of the following non-exclusive acts, it could implicate the need for Group to perform nondiscrimination testing under section 105(h) of the Internal Revenue Code. Group understands that carrier does not perform nondiscrimination testing and Group assumes all obligations of testing.

- Failure to offer coverage to all eligible employees
- Having too many highly compensated or key employees on the plan relative to rank and file employees
- Failure to provide the same waiting periods to all eligible employees
- Treating employees differently based on age, years of service, or compensation
- Contributing a different percentage of premium for different classes of employees
- Providing different benefits for different classes of employees
- Creating any differences in coverage or cost of coverage for any class of employee

Group understands that legal and tax implications of all requests it has made to carrier, and understands that if it violates Salary Nondiscrimination rules and regulations they may have to pay excise taxes of up to \$100 per day per impacted person, to be self reported to the Internal Revenue Service. The person signing below is authorized by Group to sign this document.

Group Leader/Owner (Printed Name): \_\_\_\_\_

Group Leader/Owner (Signature): \_\_\_\_\_ Date: \_\_\_\_\_