



## EMPLOYER APPLICATION FOR GROUP HEALTH INSURANCE

Section 1: Employer Information			
Legal Company Name	Nature of Business		
Owner's Name	Contact Person		
Contact Person's Email	Phone Number	Fax Number	
Company's Web Address (if applicable)			
Physical Address			
Mailing Address	City	State	Zip
Is Your Company Registered with the Montana Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer Tax ID#	
List any affiliates or businesses under this employer's common control if applicable.			
Do any employees live out of the state of Montana? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they located?			Zip Code(s)
Section 2: Participation			
1. What is the employer contribution toward employee premium? (minimum of 50% is required) _____%			
2. What, if any, is the employer contribution toward dependent premium? _____%			
3. Is there a different criterion by class of employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , identify what constitutes a class and how contribution is determined.			
4. What are the minimum hours worked weekly to be eligible for coverage? (minimum of 20 hours) _____			
5. What is the Waiting Period* for new employees? (*To satisfy the Waiting Period(s), an eligible employee must be employed by the employer and actively at work for the number of hours per month required for eligibility, without break in active employment, for the entire Waiting Period.)			
<b>First day of the month following:</b> <input type="checkbox"/> Employee's Hire Date <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/> Other – please specify			

**Note: If the Employer pays 100% of the Employee premium, all eligible employees (100% of eligible employees) must be covered, except those who have waived coverage as a result of other health coverage or for qualified religious reasons. If the Employer pays less than 100% of the Employee premium, 75% of eligible employees must be covered.**

\*An **eligible employee** is one who meets the minimum hourly requirements, and has satisfied the waiting period set by the employer as stated above. Those **not** meeting requirements are considered **not eligible**.

6. What is the total number of employees (both eligible and not eligible) as of effective date of the coverage? \_\_\_\_\_

7. How many are **eligible** for coverage under this policy? (This includes employees who have waived coverage) \_\_\_\_\_

8. For employers with 50 employees or less, please answer the following:

- a. Will any part of the premium for this coverage be paid by employee contributions, either directly, or through pre or post tax wage adjustments or other means of reimbursement?  Yes  No
- b. Will this policy be a part of any type of health reimbursement or cafeteria plan under Sections 106, 125 or 162 of the Internal Revenue Code?  Yes  No
- c. If the answer to b. is Yes, will the employer contribute any part of the funding for those plans?  Yes  No

**Section 3: Employer Statement**

*As the employer or the legally authorized representative of the employer, I certify that all information provided for coverage by Allegiance Life & Health Insurance Company, Inc. is accurate and complete to the best of my knowledge.*

Signed by Employer/Employer's Authorized Representative

Print Name

Title

Date

**Section 4: Agent Statement**

*I certify that all of the information contained in this Employer Application and attached paper(s) is (are) correct to the best of my knowledge. I have complied with all of the submission rules and have explained the coverage fully and informed the group to submit all changes in writing to Allegiance Life & Health Insurance Company, Inc.*

Agency Name

Agent's Signature

Date

Print Name

Address

City/State

Zip

Phone

Email

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.**

## Broker Quote Request

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR A COMPLETE AL&H QUOTE

Attach an EXCEL census of all ELIGIBLE Employees (Name, DOB, Zip Code, and coverage code - EE,ES,EC,EF or WC – Other Coverage?)

<b>1. Group Name</b>			<b>Monthly Premiums</b>			
<b>2. Current Carrier</b>			<b>Current Rates</b>		<b>Renewal Rates</b>	
If Age Rated, what is the Monthly Total - \$			EE		EE	
<b>3. Requested Effective Date</b>			ES		ES	
<b>4. Quote Due Date</b>			EC		EC	
<b>5. Commissions</b> <input type="checkbox"/> Standard 5% <input type="checkbox"/> Other			EF		EF	
<b>6. SIC Code (if available)</b>						
<b>7. Benefit Period</b> –if one is not selected plan year will be the option quoted.			<input type="checkbox"/> Plan Year (e.g. June-July)		<input type="checkbox"/> Calendar Year (Jan-Dec) If Calendar year – is deductible credit requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8. Dual Option</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>9. Plan options may be either a PPO plan or a HDHP/HSA option. There will be 6 initial plans quoted, please indicate up to 6 plans.</b> Use the columns as your guide to the benefits that are available for both the PPO and HDHP/HSA plans.						
Benefit Description	Plan Option 1		Plan Option 2		Plan Option 3	
	PPO	OR HDHP/HSA	PPO	OR HDHP/HSA	PPO	OR HDHP/HSA
<b>Deductible per Insured.</b>  PPO Deductible does not apply toward Non-PPO Deductible. Non-PPO Deductible does not apply toward PPO Deductible	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000/\$4,000 <input type="checkbox"/> \$2,500/\$5,000 <input type="checkbox"/> \$3,000/\$6,000 <input type="checkbox"/> \$3,300/\$6,600 <input type="checkbox"/> \$4,000/\$8,000 <input type="checkbox"/> \$5,000/\$10,000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000/\$4,000 <input type="checkbox"/> \$2,500/\$5,000 <input type="checkbox"/> \$3,000/\$6,000 <input type="checkbox"/> \$3,300/\$6,600 <input type="checkbox"/> \$4,000/\$8,000 <input type="checkbox"/> \$5,000/\$10,000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000/\$4,000 <input type="checkbox"/> \$2,500/\$5,000 <input type="checkbox"/> \$3,000/\$6,000 <input type="checkbox"/> \$3,300/\$6,600 <input type="checkbox"/> \$4,000/\$8,000 <input type="checkbox"/> \$5,000/\$10,000
<b>Deductible per covered family.</b>  PPO Deductible does not apply toward Non-PPO Deductible. Non-PPO Deductible does not apply toward PPO Deductible	<input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> HDHP	<input type="checkbox"/> Traditional – Benefits payable after Single deductible is met (embedded) <input type="checkbox"/> HDHP-Benefits payable after Individual <i>Deductible</i> is met for Employee only coverage. Benefits payable after Family <i>Deductible</i> is met for Family Coverage. (non-embedded)	<input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> HDHP	<input type="checkbox"/> Traditional – Benefits payable after Single deductible is met (embedded) <input type="checkbox"/> HDHP-Benefits payable after Individual <i>Deductible</i> is met for Employee only coverage. Benefits payable after Family <i>Deductible</i> is met for Family Coverage. (non-embedded)	<input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> HDHP	<input type="checkbox"/> Traditional – Benefits payable after Single deductible is met (embedded) <input type="checkbox"/> HDHP-Benefits payable after Individual <i>Deductible</i> is met for Employee only coverage. Benefits payable after Family <i>Deductible</i> is met for Family Coverage. (non-embedded)
<b>Out-of-Pocket Maximum.</b>  PPO Out-of-Pocket Maximum does not apply toward Non-PPO Out-of-Pocket Maximum. Non-PPO Out-of-Pocket Maximum does not apply toward PPO Out-of-Pocket Maximum.	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$1,000/\$2,000 <input type="checkbox"/> \$1,500/\$3,000 <input type="checkbox"/> \$2,000/\$4,000 <input type="checkbox"/> \$3,000/\$6,000 <input type="checkbox"/> N/A –plan pays upon satisfaction of deductible	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$1,000/\$2,000 <input type="checkbox"/> \$1,500/\$3,000 <input type="checkbox"/> \$2,000/\$4,000 <input type="checkbox"/> \$3,000/\$6,000 <input type="checkbox"/> N/A –plan pays upon satisfaction of deductible	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$1,000/\$2,000 <input type="checkbox"/> \$1,500/\$3,000 <input type="checkbox"/> \$2,000/\$4,000 <input type="checkbox"/> \$3,000/\$6,000 <input type="checkbox"/> N/A –plan pays upon satisfaction of deductible

Group Name:	Plan Option 1 cont...		Plan Option 2 cont...		Plan Option 3 cont...	
<b>Out-of-Pocket Maximum per covered family.</b>	<input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> HDHP	<input type="checkbox"/> Traditional <input type="checkbox"/> HDHP	<input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> HDHP	<input type="checkbox"/> Traditional <input type="checkbox"/> HDHP	<input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> HDHP	<input type="checkbox"/> Traditional <input type="checkbox"/> HDHP
<b>Co-pay for <i>Provider</i> office visit.</b>	<input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> N/A	N/A	<input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> N/A	N/A	<input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> N/A	N/A
<b>Benefit Percentage of the <i>Maximum Eligible Expense</i> ("MEE") that the <i>Policy</i> pays.</b> It pays for covered services after the deductible. It pays the percentage selected up to the out-of-pocket maximum. Then it pays 100% of covered charges.	<input type="checkbox"/> 50/50% <input type="checkbox"/> 60/40% <input type="checkbox"/> 70/30% <input type="checkbox"/> 80/20% <input type="checkbox"/> 90/10% <input type="checkbox"/> 100%	<input type="checkbox"/> 50/50% <input type="checkbox"/> 60/40% <input type="checkbox"/> 70/30% <input type="checkbox"/> 80/20% <input type="checkbox"/> 90/10% <input type="checkbox"/> 100%	<input type="checkbox"/> 50/50% <input type="checkbox"/> 60/40% <input type="checkbox"/> 70/30% <input type="checkbox"/> 80/20% <input type="checkbox"/> 90/10% <input type="checkbox"/> 100%	<input type="checkbox"/> 50/50% <input type="checkbox"/> 60/40% <input type="checkbox"/> 70/30% <input type="checkbox"/> 80/20% <input type="checkbox"/> 90/10% <input type="checkbox"/> 100%	<input type="checkbox"/> 50/50% <input type="checkbox"/> 60/40% <input type="checkbox"/> 70/30% <input type="checkbox"/> 80/20% <input type="checkbox"/> 90/10% <input type="checkbox"/> 100%	<input type="checkbox"/> 50/50% <input type="checkbox"/> 60/40% <input type="checkbox"/> 70/30% <input type="checkbox"/> 80/20% <input type="checkbox"/> 90/10% <input type="checkbox"/> 100%
<b>Supplemental Accident (\$500 per accident)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
<b>Prescription Benefit</b> Rx 1 - <b>\$5/\$20/\$40</b> Rx 2 - <b>\$10/\$30/\$60</b> Rx 3 - <b>\$20 or 20% co-pay</b> Rx 4- <b>Drug Card – only available with HSA qualified plans</b>	<input type="checkbox"/> Rx 1 <input type="checkbox"/> Rx 2 <input type="checkbox"/> Rx 3 <input type="checkbox"/> Rx 4	<input type="checkbox"/> Rx 4	<input type="checkbox"/> Rx 1 <input type="checkbox"/> Rx 2 <input type="checkbox"/> Rx 3 <input type="checkbox"/> Rx 4	<input type="checkbox"/> Rx 4	<input type="checkbox"/> Rx 1 <input type="checkbox"/> Rx 2 <input type="checkbox"/> Rx 3 <input type="checkbox"/> Rx 4	<input type="checkbox"/> Rx 4
<b>RX Deductible – per benefit period/per Insured</b>	<input type="checkbox"/> None <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	N/A	<input type="checkbox"/> None <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	N/A	<input type="checkbox"/> None <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	N/A
<b>Dental Quote</b>			<b>COBRA – Is your group eligible?</b>			
<b>Deductible – per person</b>	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100		<p>Some employers may be required to provide COBRA continuation coverage for employees and their covered dependents. An Employer is exempt from federal COBRA continuation coverage requirements if the Employer employed less than 20 employees for 50% or more of its regular work days for the calendar year immediately before the current calendar year. Employees means all common law employees (full-time and part-time and leased) as defined by Section 414(n) of the Internal Revenue Code</p> <p>1. COBRA eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Allegiance Life &amp; Health Company, Inc. will administer COBRA for your group, this is included within the quoted rates.</p>			
<b>Preventive/ Diagnostic (A)</b>	<input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% -deduct waived for A					
<b>Basic (B)</b>	<input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80%					
<b>Major (C)</b>	<input type="checkbox"/> 50% <input type="checkbox"/> 60%					
<b>Annual Maximum</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000					
<b>Orthodontia Benefit</b>	<input type="checkbox"/> None <input type="checkbox"/> Policy pays 50% after deductible					
<b>Orthodontia Maximum</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000					
<b>Vision – will be provided with all quotes.</b>						