Moda Health Plan, Inc.

Moda Health 2-50
Idaho Group Plan Confirmation Form

Please complete the below application and submit to Moda Health 20 days prior to the effective date of your policy to avoid disruption of coverage. If you have any questions, please contact your Service Rep or Account Manager.

Legal name	
Group Number	Effective Date of Renewal

What plan options would you like to be renewed with?

Medical Plan Option 1
Medical Plan Option 2
Medical Plan Option 3
Vision Plan

A maximum of 3 plans may be selected from our plan portfolio with a minimum of 1 member enrolled in each. For Part D creditable plans, please review the creditable coverage status of prescription drug plans for Idaho small employer plans at www.modahealth.com/employers/compliance.shtml.

Is the group a small employer based on the Group Size Determination Form?	☐ Yes ☐ No
Is the group subject to COBRA? Count the employees employed on a typical business day in the previous calendar year. Do not count self-employed individuals, independent contractors, and members of the board of directors. If the group had 20 or more employees during at least 50% of the previous calendar year, the group is subject to COBRA.	☐ Yes ☐ No
Is the group subject to Medicare Secondary Payer (MSP) provision? Count the current total number of full-time employees, part-time employees, seasonal employees and partners. Do not count retirees, COBRA members, individuals on other continuation options or self-employed individuals. If the employee count is 20 or more, the group is subject to MSP.	☐ Yes ☐ No

Would you like to update your probationary period? ☐ Yes ☐ No

If yes, what probationary period do you select?

- ☐ Employees may become covered their date of hire.
- ☐ Employees may become covered the first day of the month following their date of hire with the Group. If the employee is hired on the first day of the month, coverage begins on the date of hire.
- ☐ Employees may become covered following ☐ 30 days ☐ 60 days of employment with the Group. Does the group wish to include an orientation period? ☐ Yes ☐ No
- ☐ Employees may become covered the first day of the month following ☐ 30 days ☐ 60 days of employment with the Group. Does the group wish to include an orientation period? ☐ Yes ☐ No
- ☐ Employees may become covered the first day of the month following or coinciding with ☐ 30 days ☐ 60 days of employment with the Group. Does the group wish to include an orientation period? ☐ Yes ☐ No

1. Time served as a part-time employee will count towards the waiting period when the employee moves to full-time. ☐ Yes ☐ No

   If yes, time served as a part-time employees in the past (choose one) ☐ 6 months ☐ 12 months will count towards the waiting period provided there is no break in employment, and the employee worked on a regularly scheduled basis at least hours per week.

   Coverage begins (choose one)
   ☐ on the date employee moves to full-time
   ☐ on the first of the month following the employee moving to full-time.

Are you making any changes to your contribution, eligibility, or plan? ☐ Yes ☐ No

If so, please outline the changes below:

Are your group contacts changing? ☐ Yes ☐ No

Group administrator		
Name	Phone	Email

Billing contact		
Name	Phone	Email

For policy renewal purchased **between November 15 and December 15** enter the percentages of your medical premium contribution by the employer.

Employee	Dependents

To the best of my knowledge, I certify that all the information contained herein is correct. I understand that the final rates will be based on actual enrollment and may be different than the rates originally quoted and that additional information may be required to verify eligibility of the group.

For questions about the information on this form, I have received advice and counsel from my agent or legal counsel.

Authorized Signature for Group X	Date
Authorized Signer's Printed Name	Title