



EMPLOYER INFORMATION

Employer		Federal Tax ID Number		Desired Effective Date / /	
Name and title of person responsible for benefits decisions			Phone ()		
Email Address			Fax ()		
Address		City	County	State	Zip Code
Name and title of person responsible for billing and accounting			Phone ()		
Email address			Fax ()		
Union Representative, if appropriate			Union Rep Email Address		

OF EMPLOYEES TO BE INCLUDED IN COVERAGE

The Public Employees Insurance Program requires that 75% of all eligible employees participate in the Program. Those individuals who waive coverage due to coverage elsewhere are not included in the 75% calculation.

Total # of eligible employees _____

of employees who waived & have no other coverage _____

of employees who waived due to coverage elsewhere _____

Total number to be included in PEIP _____

Please attach a separate list of the following covered individuals (if any) with full names, social security numbers and effective date of coverage continuation:

- ◆ Cobra individuals
- ◆ Disabled individuals
- ◆ Retirees
- ◆ Other (explain)

ELIGIBILITY CRITERIA

The Public Employees Insurance Program allows employers the opportunity to determine eligibility criteria.

Please attach a copy of your group's eligibility policy and include hours worked, new hire effective date of coverage, and any waiting period. OR indicate eligibility below.

RATE CONFIRMATION

PEIP Proposal Financial Section III signature pages attached
(must be included) _____

SELECTION OF COVERAGE

Health Coverage:

Advantage High Plan

Advantage HSA Plan

COBRA/MN Continuation/Retiree Billing

- Group will manage own COBRA/Retiree Administration and bill for early retirees and COBRA participants
- PEIP will manage COBRA/Retiree Administration and will bill Early Retirees and COBRA participants directly

Optional Dental Coverage: Employer Contributes: (choose one)

- Comprehensive Plan
- 50-89% of employee premium.
- 90-100% of employee premium.

Optional Employee Life/Accidental Death & Dismemberment Insurance

Minimum \$10,000, maximum \$300,000 available in \$5,000 increments. Amounts in excess of the group's guaranteed issue amount are subject to evidence of insurability. Employees who waive medical coverage because they are covered under another plan may still participate in life/AD&D insurance coverage, providing 100% of those employees participate in life/AD&D coverage.

- Choose one: \$10,000 flat amount per active employee Amount equal to salary Other (please specify below)
- Eligibility: All employees Medical lock _____

Employer agrees to pay monthly, in advance (by the 25th of the prior month), the entire charges due for all participating individuals. In addition, the employer bears the responsibility to collect and pay to the Minnesota Public Employees Insurance Program any and all amounts to be contributed toward such charges by employees or early retirees of the employer

