

# MBA Health Insurance Trust

## Employer Participation Agreement – New Enrollment

Full Name of Company: \_\_\_\_\_ MBA Trust Group Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

### Section I. Selection of MBA Benefit Plans:

See MBA Trust Program Summary for complete description of all benefit plans and the Trust's Underwriting, Eligibility & Participation Requirements. Benefit plan changes are allowed only during the annual MBA Open Enrollment period (September 1<sup>st</sup>).

*Companies with 10+ employees may offer two medical plans, one each from the two sections below.*

#### Select ONE Preferred or Traditional Medical Plan:

Preferred Plan P10 (PA)     Preferred Plan P20 (PB)     Preferred Plan P30 (PC)     Preferred Plan P40 (PD)     Preferred Plan P50 (PE)  
 Traditional Plan T10 (TA)     Traditional Plan T30 (TC)

#### Select ONE "Point of Service" Medical Plan:

Selections Plan S10 (SA)     Selections Plan S20 (SB)     Selections Plan S30 (SC)     Selections Plan S40 (SD)     Selections Plan S50(SE)  
 Options Plan G10 (GA)     Options Plan G20 (GB)

Employee Assistance Program:     Yes     No

#### Basic Life – AD&D Amount (employee only)    Note: \$10,000 minimum benefit is included if no selection below.

\$10,000 (cost included)     \$20,000 (\$1.70/EE/Mo)     \$30,000 (\$3.40/EE/Mo)     \$50,000 (\$6.80/EE/Mo – 10+ Employees)

Do you want to allow employees to individually purchase Additional "Term" Life coverage through payroll deduction?     Yes     No

#### Vision & Dental Plans: (5+ employees required for all vision and dental plans except Columbia Dental; Dental Plan D10 requires 20+ employees)

Dental Plan D10 (DN)     Dental Plan D20 (DO)     Dental Plan D30 (DP)     Columbia Dental (DC)  
 Vision Plan V10 (VN)     Vision Plan V20 (VO)

### Section II. Company Eligibility Criteria:

**A. Fulltime Employment:** Company considers all employees who work at least \_\_\_\_\_ hours per week as "full-time" employees (minimum is 20 hours per week / maximum is 40 hours per week).

#### B. Insurance Probationary Period for New Hires:

Salaried Employees:  Zero     One Month     Two Months     Three Months     Six Months of Employment  
Hourly Employees:  Zero     One Month     Two Months     Three Months     Six Months of Employment

#### Employees transferring from part-time to full-time status, the probationary period specified above to apply:

Retroactive to the Original Date of Hire    **OR**     Beginning on the date transferred to full-time status

*Note: Eligible employees must be enrolled on the first of the month following completion of Company's applicable Probationary Period.*

#### C. Contribution: The employer will pay the following percentages of the monthly rate (minimum 75% of employee cost):

Employees:    Medical \_\_\_\_\_%    Dental: \_\_\_\_\_%    Vision: \_\_\_\_\_%  
Dependents:    Medical \_\_\_\_\_%    Dental: \_\_\_\_\_%    Vision: \_\_\_\_\_%

The following questions apply to Federal Laws which may impact your company depending on the number of employees you have. We encourage you to consult with legal counsel if you are uncertain whether or not your company is subject to any of these acts.

#### D. Family and Medical Leave Act (FMLA)

Did your company employ 50 or more full-time and/or part-time employees during each of 20 calendar weeks in the current or preceding calendar year (January through December) and is it subject to FMLA?     Yes     No

*Note: If yes, you are required by Federal law to comply with FMLA provisions.*

#### E. TEFRA (Tax Equity and Fiscal Responsibility Act)

Did your company employ 20 or more full-time and/or part-time employees during each of 20 calendar weeks in the current or preceding calendar year (January through December) and is it subject to federal TEFRA laws?     Yes     No

#### F. COBRA (Consolidated Omnibus Budget Reconciliation Act)

Did your company employ 20 or more full-time and/or part-time employees for at least 50% of the work days of the preceding calendar year (January through December) and is it subject to federal COBRA laws?     Yes     No

#### G. OBRA (Omnibus Budget Reconciliation Act of 1989 and 1993)

Did your company employ 100 or more full-time and/or part-time employees for at least 50% of the work days of the preceding calendar year (January through December) and is it subject to federal OBRA 1989/ OBRA 1993 laws?     Yes     No

*Note: FMLA, TEFRA, COBRA and OBRA provisions may apply to your groups even if you have fewer than the required number of employees enrolled through this coverage. If you have questions regarding FMLA, TEFRA, OBRA or COBRA, or other employer laws contact your legal counsel.*

### Section III. Company / Employer Information:

In consideration of participating in the MBA Group Insurance Trust program, I/we hereby declare that the above company complies with the Participation and Eligibility requirements of the MBA Group Insurance Trust and the Trust's Insurance Carriers as specified on the reverse side of this form. The above company agrees to be bound by the Trust, and the Insurance Carriers', eligibility requirements and provisions.

MBA Membership # \_\_\_\_\_ Effective Date \_\_\_\_\_ Line of Business: \_\_\_\_\_

Authorized Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Alternative Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Company's Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Once accepted, this agreement becomes your legal contract with the MBA Trust.**

Administered by: EPK & Associates, Inc.  
15375 SE 30<sup>th</sup> Place – Suite 380 – Bellevue, WA 98007

Phone Number: 1-800-545-7011 or (425) 641-7762  
FAX Number: (425) 641-8114  
Email: [admin@epkbenefits.com](mailto:admin@epkbenefits.com)

White & Yellow – EPK & Associates, Inc.

Pink: Employer/Company

Eff. Date \_\_\_\_\_

**Trust Use Only**

## MBA Trust Eligibility and Participation Requirements

- A. Company must be actively engaged in an income generating business.
  - B. Company must be a current, active member of an endorsing association or organization authorized by the MBA to participate in the Trust. Membership Dues and Access Fees (if applicable) must be maintained each year to continue participation in the Trust.
  - C. Company **MUST** satisfy the Trust’s minimum “employee/subscriber participation” requirements:
    - Companies of 2–5 eligible full-time employees: 100% participation is required (all employees must enroll).
    - Companies of 6–10 eligible full-time employees: 100% participation, less one, is required (one employee may waive coverage).
    - Companies of 11 or more eligible full-time employees: 80% participation (example: for a company of 14 eligible employees, 3 employees may waive coverage).
- Eligible employees are active employees or owners who satisfy the company’s “full-time” employment definition and have met your company’s insurance probationary period established in Section II on the front side of this form. For purposes of the program, MBA insurance carriers define an employee as meeting the following criteria:
1. They must be remunerated on a regular, periodic basis through the company’s payroll
  2. They must appear on the company’s quarterly report of wages filed with the State Employment Security Department
- D. Employees not enrolled when initially eligible may be denied coverage until the next MBA Open Enrollment period (September 1<sup>st</sup> of each year).
  - E. Dependent participation is optional. Companies may require employees to pay for the cost of dependent coverage through payroll deductions. Dependents not enrolled when initially eligible, may be required to wait until the next MBA Open Enrollment period to enroll (see benefit booklet for details).
  - F. Examples of **INELIGIBLE** participants include the following: Retirees, subcontractors, independent contractors, inactive owners, former employees, former owners, part-time employees. Eligible employees must have a direct, employee-employer relationship with the participating company.
  - G. Eligibility requirements must be administered to all employees on a uniform and consistent basis. Participating companies are subject to periodic eligibility verification audits by the insurance carriers to ensure eligibility compliance.
  - H. Monthly rate payments are due on the first day of the billed month. Late payments may cause administrative problems and claim payment delays for employees and dependents. Companies whose payment becomes 45 days past due will be automatically cancelled from the program.
  - I. Cancelled companies or companies leaving the Trust will not be eligible to reapply for participation in the Trust Program for 24-months.

### MBA Trust Monthly Payment Requirements

Detailed monthly billing statements for the next month’s premium are sent out to all companies before the end of each month. The Trust’s “Contractual” PAYMENT DUE DATE is the first day of the billed month.

In order to maintain CURRENT ELIGIBILITY for employees, full payment must be received by the Trust on or before the 15<sup>th</sup> day of the billed month. A company’s eligibility for the month will be DELINQUENT if full payment is not received by the 15<sup>th</sup>. DELINQUENT ELIGIBILITY STATUS results in claim payment delays, and other difficulties involving employees, their medical providers and carriers.

If full payment for the month is not received within 45 days of the PAYMENT DUE DATE, company will be RETROACTIVELY CANCELLED back to the last day of the month in which full monthly payment was received. Partial payments will be refunded.

Payments returned to the Administrator (for any reason) must be replaced with guaranteed funds (i.e. Cashiers check, money order, cash) within 5 working days of being notified by the Administrator. A \$20 fee will be assessed on all returned drafts.

Example of Billing Cycle using coverage for month of January

<b>Billing Statements Mailed</b>	<b>Approximately December 20<sup>th</sup> – 22<sup>nd</sup></b>
<b>Contractual Payment Due Date</b>	<b>January 1<sup>st</sup></b>
<b>Current Eligibility “Cutoff” Date</b>	<b>January 15<sup>th</sup></b>

*To avoid **DELINQUENT ELIGIBILITY STATUS**, full payment must be received on or before the 15<sup>th</sup> day of the month of coverage month.*

*To avoid **RETROACTIVE CANCELLATION** of coverage, full Payment (for January eligibility) must be received on or before February 15<sup>th</sup>.*

Authorized Representative Initials: \_\_\_\_\_  
Date: \_\_\_\_\_