



MONTANA BUILDING INDUSTRY ASSOCIATION
2009 PROPOSAL REQUEST

Association Member's Name _____

Member's Address _____ Business/Industry Type: _____

Phone _____ Fax _____

Group Contact: _____ Contact's Email Address: _____

Employer Tax Identification Number _____ Agent: _____ Effective Date: _____

For a full quote you must:

- Attach a current Census that is signed and dated by the employer and/or submit a UI-5, if available.
Attach completed Employee Enrollment/Change Form with Medical History Forms for all employees.

MBIA Plan Options

Table with 5 rows: Option A - Innovations \$500 deductible; 20/40/60 Rx; Option B - Innovations \$1500 deductible; 20/40/60 Rx; Option C - Westcare \$1000 deductible; \$20 OV; 20/40/60 Rx; Option D - New West Select \$3000 deductible; (H S A Eligible); Integrated Rx; Option E - New West Select \$5000 deductible; (H S A Eligible); Integrated Rx

Note: The participation requirements for eligible employees are 100% for 2-5 and 75% for 6 or more employees. Member is required to contribute a minimum of 60% of the employee only rate. All plan options include coverage for domestic partners (same sex and opposite sex).

Plan Administration Questions

- a. How many total employees do you employ? Full Time _____ Part-Time _____ How many employees are eligible for health coverage? _____
b. New employees are eligible after a waiting period of (select one): [] No Waiting Period [] 30 Days [] 60 Days [] 90 Days [] 180 Days [] 365 Days [] Other - please list (maximum 365 days): _____
c. Employees must work a minimum of _____ (minimum 20 and maximum 40) hours per week to be eligible for coverage.
d. Are employees eligible to continue coverage under the group plan while they are on an employer-approved reduction of work schedule? [] Yes [] No If Yes, how long (maximum 12 months): _____ (New West Health Services may, at any time, request a copy of your policy and procedures.)
e. Is your group subject to COBRA (See other side of this page for a COBRA worksheet)? [] Yes [] No If Yes, do you want New West Health Services to administer COBRA for your New West group members? [] Yes [] No

ACKNOWLEDGEMENT AND SIGNATURE. This request for quote is hereby made for a New West Health Services/New West Health Plan insurance plan. The member (employer) understands and agrees:

- This is a request for a quote only. Issuance of the insurance plan is subject to the member completing an MBIA Participation Agreement and acceptance of first months premium by New West Health Services.
Health coverage must be offered to all full-time eligible employees regardless of health status or any health condition.
The member understands that the health plan participation requirements to be eligible for coverage and remain eligible for coverage are as follows: 100% for 2-5 eligible employees and 75% for 6 or more employees.
The member is responsible for obtaining a waiver of coverage from an employee if the employee or any of the employee's dependents decline coverage.
That any non-medical quotes or partial medical quotes are only estimates; only full medical quotes are final and binding.

Member's Signature: _____

Date: _____

Title: _____


- [] The employer would like a New Member Orientation to acquaint its employees with New West's benefits.

DOES COBRA APPLY?


Federal Law requires any employer with the exception of church groups, State and Federal Government entities to offer COBRA continuation coverage if they have 20 or more employees for more than 6 months in the last calendar year. This form is a tool that can assist the employer in determining if they must administer for COBRA. Please answer the following questions.

1. Did you have 20 or more full time employees for at least six months in the last calendar year?

Tip: When an employer has controlling interest in more than one company, all employees in all companies must be counted towards the total.

- YES, there are 20 or more full time employees.  You must administer for COBRA.
- NO, there are not 20 or more full time employees, please answer question 2.


2. Did you have 20 or more employees for at least 6 months counting both full time and part time employees?

- YES, please answer question 3 and 4.
- NO,  you do not have to administer for COBRA.

3. Part time employees are counted as fractions of full time employees using a full time equivalency formula. The formula is:

- a. What are the numbers of hours required to be considered full time?
- b. What is the total number of hours worked in a week by the part time employees?
- c. Divide the answer in 'b' by 'a'. This will give you the full time equivalency.

4. So, if you add the full time equivalency number to the number of actual full time employees, does it add up to 20 or more? If the answer is:

- YES, you have to administer for COBRA.
- NO,  you do not have to administer for COBRA.

This form is not intended to give legal advice or be a substitute for legal counsel. If you have questions regarding COBRA law, please consult an HR professional or an attorney.