



OPS FORUM

BACK TO BASICS

Benefits 101

Presented by: Channy Lee
Administration Manager



OPS FORUM SPONSORS



Channy Lee

Administration Manager



Channy Lee is responsible for health benefits administration, process analysis, and system improvements. She began her career at UnitedAg in 2000 as a Billing Representative, and has served in several increasingly responsible administrative roles in various departments. Channy brings to her position strong technical skills and a extensive knowledge of UnitedAg's benefits administration and processes.



cslee@unitedag.org



UnitedAg, Irvine Corporate office

Enrollment Application

unitedag **EMPLOYEE ENROLLMENT FORM**
unitedag.com | 800.223.4500 | 949.975.9980 | enrollment@unitedag.org
54 Corporate Park - Irvine, CA 92618-6166
Phone: (800) 223-4500 - Fax: (949) 975-9980 - Email: enrollment@unitedag.org
PLEASE USE INK PEN ONLY. Fill out the form completely to avoid any delays in processing.
Use the UnitedAG Enrollment Change Form to change status or coverage.

Group Name & Number: 1234-000 ABC Effective Date: 01/01/2020

1. Enrollment Information

Medical Plan: P-1
Dental Plan: D-1
Vision Plan: V-1
Life Plan: L-1

Open Enrollment
 Late Enrollment
 Status Change
 New Group Enrollee (For New Business ONLY)

COBRA
Original Effective Date:
Qualifying event:

2. Employee Information (if enrolling): 20 Character Limit

Date of Hire: 1/15/2019
Occupation: SALES
Date of Birth (Format: MM/DD/YYYY): 07/19/1989
Gender: M F
Social Security #: 123-45-6789

Last Name: W H I T N E Y
First Name: J O H N
Address: 54 CORPORATE PARK
City: IRVINE
State: CA
Zip Code: 92618
Phone: 559-223-4590
Email: JWHITNEY@GOOGS.COM

3. Dependent Information (if enrolling): *Please note: A signed and notarized Declaration of Domestic Partnership for Healthcare is required to enroll a domestic partner.
Dependents over the age of 18 will receive their explanation of benefits.

Gender (check boxes below)	Last Name (Skip if same as Employee)	First Name (or maiden last)	Middle Initial	Date of Birth (Format: MM/DD/YYYY)	Social Security # (Write N/A if SSN not available)	Mobile Phone (required if available)
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	WHITNEY	JANE		4/9/1982	123-45-5678	559-964-9588
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	WHITNEY	JIMMY		9/7/2004	999-88-4321	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	WHITNEY	JENNY		3/25/2006	999-88-1234	
<input type="checkbox"/> Male <input type="checkbox"/> Female						
<input type="checkbox"/> Male <input type="checkbox"/> Female						

4. Group Life Insurance Beneficiary Designation:
I hereby, apply for life insurance benefits and designate the beneficiary named below to receive the proceeds, if any, payable in the event of my death.

Beneficiary	Relationship
Primary Beneficiary: JANE WHITNEY	SPOUSE
Contingent Beneficiary: JIMMY WHITNEY	SON

5. Other Coverage for Enrolling Applicants:

1. Is anyone eligible and covered by Medicare? If yes, who? Yes ___ No ___
2. Do you or anyone have other health coverage? Yes ___ No ___
3. Do you intend to do your dependent's signature during claim processing? Yes ___ No ___

Section 5 is important for coordination of benefits during claim processing.

Be careful designating a minor as your beneficiary

Employee Signature: _____ Date: 12/4/2019

Important Information

COB Info

Waiver

Life Beneficiary

Signature

Change Form



Eligibility Qualifications

Initial Enrollment – When new or re-hired members have met the waiting period requirement established by their employer; a qualified member's enrollment application must be submitted within 31 days of the effective date of eligibility.

Open Enrollment – This enrollment period must be established with our Underwriting Department first. During this period, members are allowed to make changes to their enrollment status. These changes must be submitted within 31 days of the open enrollment effective date.

Marriage – A spouse is qualified to be added to the member's policy effective the date of marriage. The request to add must be submitted to UABT within 31 days of the marriage date. Any birth child(ren) of the spouse, who would be considered as the step-child(ren) of the eligible member can be added onto the member's policy with the same effective date as the spouse (birth certificate of step-child(ren) will be requested).

Birth of Child – If adding a newborn to a member's plan; the newborn must be added within 31 days of the birth. We will need a copy of the child's birth record; either an official birth certificate or the hospital's complimentary birth record.

Domestic Partnership – A domestic partner is qualified to be added to the member's policy following the initial request and no later than 31 days from the date on the required notarized affidavit. Any birth child(ren) of the domestic partner, who would be considered as the step-child(ren) of the member can be added onto the member's policy with the same effective date as the domestic partner (birth certificate of step-child(ren) will be requested).

Loss of Prior Coverage – A member and/or their dependents who submitted a waiver of benefits form at the time of the initial enrollment period, are eligible for coverage after the initial enrollment date if proof of "Loss of Prior Coverage" is submitted. The request to add must be submitted within 31 days of the loss of prior coverage. The effective date will be the 1st of the month following the date the coverage had been lost. Proof must clearly state the name of previous carrier, eligibility period, and names of the members on the previous policy. (Please note, Identification Card from the prior carrier is NOT sufficient proof of prior coverage.) If no waiver form was previously submitted for UnitedAg's records, the member and/or their dependents will need to wait until the group's open enrollment to enroll.

Eligibility



Event Qualifications

New Marriage, Birth, Loss of Coverage

- Do not wait for documents



Dependent Coverage

Name, DOB & SSN



Late Enrollments



COBRA Administration

No Cost to Groups

- 3rd party Admin
- 3rd party Form



Federal vs CAL-COBRA

- 2 % or 10% to participants
 - Depend on groups size
- Who's eligible?

Direct Communication

- Monthly invoices
- Open Enrollment



Still Connected to the Group

- No life



Invoicing Administration



Invoicing Timeline

- Default Date
- Basic and Detail Format



Payment Timeline

- 3 Courtesy Notices
- 10% Late Fee



Questions?



Please type your questions into the chat window.

Upcoming Events



Health Chats Webinar
Topic: Heart Health
Friday, February 21
11:00am



Ribbon Cutting:
Turlock Wellness Center
Wednesday, February 26
3:30pm
Turlock, CA



Ribbon Cutting:
King City Wellness Center
Thursday, March 26
11:30am
King City, CA



40th Annual Conference
"CELEBRATE"
Wednesday, March 18
to Friday, March 20
Maui, HI

To register for these events, visit: www.unitedag.org/events