

These are the most common life qualifying events for enrollment. For more enrollment information and assistance on qualifying events not listed below, please contact [enrollment@unitedag.org](mailto:enrollment@unitedag.org).

**Initial Enrollment** - When new or re-hired employees fulfill their employer's established waiting period requirement; their enrollment form 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; members may submit changes to their enrollment within 31 days of the open enrollment effective date.

**Marriage** - A spouse, and any child(ren) of the spouse, may be added to the member's policy effective the date of marriage (supporting documents will be requested). The request to add must be submitted within 31 days of the marriage date.

**Birth of Child** - Newborns are not automatically enrolled. The request to add must be submitted within 31 days of the birth (supporting documents will be requested).

**Don't Wait, Lock in the Date:** Supporting documents can be submitted separately when they become available; lock in the submission date before the 31-day cutoff to get the enrollment process started.

- Marriage Certificate
- Birth Certificate / Hospital Record
- Certificate of Coverage

**Domestic Partnership** - A domestic partner, and any child(ren) of the domestic partner, may be added to the member's policy effective the notarized date of the required affidavit (supporting documents will be requested). The request to add must be submitted within 31 days of the notarized date.

**Loss of Prior Coverage** - A member and/or their dependents are eligible for coverage (after the initial enrollment date) effective the 1<sup>st</sup> of the month following the date the prior coverage was lost. The request to add must be submitted within 31 days of the loss of prior coverage. Supporting documents must clearly state: the name of previous carrier, eligibility period, and names of the participants on the previous policy. *The Identification Card from the prior carrier is NOT sufficient proof of prior coverage.*

#### REGARDING RETRO-ACTIVE CHANGES

The submission of an enrollment form after the effective date of eligibility for an employee and/or dependent(s) will be considered a retro enrollment. The days allowed on retro adds or terms are inclusive of the member's effective or termination date. For example, the retroactive add cutoff date for a new hire that joins a company on 3/1 is 3/31. Requests for adding an employee to the health plan on 4/1 would exceed the 31-day retro period.

#### LARGE GROUPS

##### RETRO ADDS:

- 31 days, retro permitted
- 32 - 90 days, case-by-case review and requires UnitedAg Supervisor approval
- 91+ DAYS, NO EXCEPTIONS PERMITTED

#### SMALL GROUPS

##### RETRO ADDS:

- 31 days, retro permitted
- 32 - 60 days, case-by-case review and requires UnitedAg Supervisor approval
- 61+ DAYS, NO EXCEPTIONS PERMITTED

##### RETRO TERMS:

- 14 DAYS, RETRO PERMITTED\*
- 15+ DAYS, NO EXCEPTIONS PERMITTED

\* The approval for retro term is contingent upon no utilization of benefits. If benefits are later determined to be utilized, the member/dependent will be reinstated.

# CONTRIBUTION PAYMENT OPTIONS

A Service Provided by UnitedAg



THE FOLLOWING PAYMENT OPTIONS AND USEFUL TIPS ARE TO HELP ENSURE YOUR PAYMENTS ARE APPLIED WITHOUT DELAY:



**Pay by Check**



**Online Payment Portal**



**Automated Clearing House (ACH)**  
to be initiated by Employer



**Payment by Phone** with a  
Group Admin Representative

**Enrollments, terminations and changes to:**  
[enrollment@unitedag.org](mailto:enrollment@unitedag.org)

**Payment backups & Payment Portal user  
guide requests to:** [billing@unitedag.org](mailto:billing@unitedag.org)

## CHECK PAYMENT

- Make check payable to:  
**United Agricultural Benefit Trust**
- Mail check to: **File #53276,**  
**Los Angeles, CA 90074-3276**
- Write your group number(s) on the  
check memo/check stub

**Reminder:** Please account for delivery time  
& holidays when mailing payment.

## ACH PAYMENT

Pay UnitedAg via the Automated Clearing  
House (ACH) with your banking institute.

- Bank Name: **Bank of America**
- Beneficiary Account Name:  
**United Agricultural Benefit Trust**
- Contact us for the ABA/Routing  
Number and Account Number.

**TO LEARN MORE ABOUT THIS SERVICE,  
CONTACT OUR TEAM**



**EMAIL US**  
[billing@unitedag.org](mailto:billing@unitedag.org)

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## ONLINE PAYMENT

Visit [billpay.unitedag.org](https://billpay.unitedag.org) to pay online through our secure payment portal. Your group number and zip code are needed to register and create your online profile. A Payment Portal user guide is available upon request.

- ACH Company ID: **2330013118**
- Company Name: **United Agribus**
- Set up your bank to authorize transactions with the payment portal.
- **Schedule One-Time or Recurring Payments.** For recurring payments, carefully choose the Start Date for these payments to process each month.
- Use **Payment Notes** to share extra information that will assist us to apply your payment correctly.

## PAYMENT BY PHONE

You may call **800.223.4590** to pay over the phone with a Group Admin representative.



On approximately the 15th of each month (or the 10th of the month, upon special request), you will be e-mailed a "UABT Group Contribution Report". This report is an invoice for contributions payable for the upcoming month. The invoice lists the names of employees who are eligible for benefits during the current month, and therefore assumed to be eligible for the invoiced month. It also includes any eligible employees whose enrollment application was received by UABT during the current month for attaining eligibility for the invoiced month.

**The Contribution Report is created from your last reconciled billing.** If enrollments and termination notices are not received by the 14<sup>th</sup>, updates will be based on the previous month and will not reflect employees added or deleted from the current month. *Please review the names of eligible employees carefully.*

Please send the completed enrollment forms for **all eligible** new employees who are effective during the month of your Contribution Report separately to [enrollment@unitedag.org](mailto:enrollment@unitedag.org).

### **Invoice Terms and Late Payment Policy:**

Make your check payable to **United Agricultural Benefit Trust**. Mail the check to the Bank of America lockbox address:

United Agricultural Benefit Trust  
File # 53276  
Los Angeles, California 90074-3276

*(Do not mail claims or any other UABT or UAL correspondence to this address.)*

### **Due Date:**

The due date for contribution payment is the first day of the month to which the contribution applies. **Claims adjudication will not be processed until the full contribution payment is received and posted.** Contributions are considered late if they do not clear the Trust account by the last day of the month to which they apply.

### **Late Payment Penalty:**

A late payment penalty of 10% of the contribution amount will be assessed if the payment does not clear the UABT account by the 20<sup>th</sup> day of the month to which it applies. The penalty must be paid no later than with the next month's invoice. *Any employer who fails to pay the late payment penalty will be subject to termination.*

### **Termination Due to Non-Payment within Required Time Period:**

If contributions do not clear the UABT account by the last day of the month following the due date, coverage will be terminated retroactive to the due date, and any contributions received after the last day following the due date will be refunded.

### **Removing Employees from Coverage:**

Please fill out the "Enrollment Change Form" enclosed in this packet indicating that the member is to be terminated from the health plan. Email the form to [enrollment@unitedag.org](mailto:enrollment@unitedag.org). On the change form, please include **the reason for termination and an effective date of termination**. The most common reasons used are listed on the next page.

**Removing Employees from Coverage (continued):**

These termination reasons will be used for notification of the employee's Rights to COBRA Continuation coverage, if applicable. *Please note that according to the Affordable Care Act, rescission of coverage is prohibited by law. Any termination being requested retroactively will be immediately denied.*

**Most Common Employee Term Reasons:**

- |  |                               |                       |
|--|-------------------------------|-----------------------|
| 1. Involuntary Termination of Employment | 4. Retirement                 | 7. Leave of Absence   |
| 2. Voluntary Termination                 | 5. Workers Compensation Leave | 8. Waiver of Coverage |
| 3. Reduction of Hours                    | 6. Death of Employee          | 9. Disability Leave   |

**Adding an Employee to the Health Plan:**

Each new employee must complete and submit an "Employee Enrollment Form" (enclosed in this packet). You must add all employees during the month they first become eligible, pay the required contributions, and submit the necessary documentation, otherwise the employee(s) will not be eligible for benefits under the Trust. A reinstated eligible employee who has a gap in coverage greater than 13 weeks is required to complete and submit a new "Employee Enrollment Form" as well.

Required contributions for the newly added employee(s) will be reflected on the next month's contribution report. Please take the time to carefully examine the Contribution Report thoroughly so that the possibility of errors and problems with employee eligibility is reduced.

**Supporting Documents for Dependent Enrollment:**

UABT reserves the right to request supporting documents during enrollment as stated in the enclosed Summary Plan Description (SPD). Common reasons for these requests at initial enrollment are when dependent last names differ from the employee and domestic partnership enrollments.

If you discover an employee was left off the Report for a month that has passed, and the employee was eligible for coverage, please let us know immediately. You may be required to submit written documentation in the form of payroll records or hours worked in order for UABT to consider accepting retroactive enrollments.

**Additional Information:**

- **Enrollment Forms;** processing enrollments can take between 3 to 5 business days depending on volume.
- **ID Cards;** cards are generated upon completion of enrollment and will be sent to the employee's address on file.
- **Electronic Enrollment Services;** available upon request. This includes data transmission between 3<sup>rd</sup> party vendors or Online Enrollment Portal Access.

**For any questions or assistance, please contact:**

**UnitedAg Group Administration**

800.223.4590

949.892.1352 Fax

[enrollment@unitedag.org](mailto:enrollment@unitedag.org)