

# Fair Treatment Notice

SelectHealth complies with Federal civil rights laws. We do not discriminate or treat you differently because of your race, color, national origin, age, disability, or sex.

We provide free:

- > Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).
- > Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at **1-800-538-5038** (TTY Users: 711)

If you feel you've been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

## Language Access Services

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth: **1-800-538-5038**.

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 SelectHealth: **1-800-538-5038**。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth: **1-800-538-5038**.

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth: **1-800-538-5038**.

번으로 전화해 주십시오.

**Díí baa akó nínízin:** Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'de'ę', t'áá jiik'eh, éí ná hółq', kojí' hódíílnih SelectHealth: **1-800-538-5038**.

**ध्यान दनुहोस्:** तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । SelectHealth: **1-800-538-5038** मा फोन गर्नुहोस्।

**FAKATOKANGA'I:** Kapau 'oku ke lea fakatonga, ko e kau fakatonu lea te nau tokoni atu ta'etotongi, pea te ke lava 'o ma'u ia. Telefoni ki he SelectHealth: **1-800-538-5038**.

**ОБАВЕШТЕЊЕ:** Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите SelectHealth: **1-800-538-5038**.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth: **1-800-538-5038**.

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth: **1-800-538-5038**.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth: **1-800-538-5038**

تدعاسملا تامدخ نإف، ةيبرعل ا ثدحتت تنك اذا : ةظوحلم  
ةكشرشب ل لصتا . ن اجملاب كل رفاوتت ةيوعلل  
SelectHealth: **1-800-538-5038**.

**សម្គាល់:** បីសិនជាអ្នកនិយាយ ភាសាខ្មែរ  
ស្រីវ៉ាជំនួយជូនកុំភាសា ជាយមិនគិតថ្លៃ  
គម្រោងមានសរាប់ អ្នកក៏ សូមទូរស័ព្ទមក  
SelectHealth: **1-800-538-5038** ។

**ATTENTION :** si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth: **1-800-538-5038**.

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。SelectHealth: **1-800-538-5038**。まで、お電話にてご連絡ください。

## Group Medical Application (for Utah employers)

This Application is only for employers who meet the definition of a small employer under their applicable state insurance department's rules. Small employers can apply to SelectHealth for group health coverage as outlined below

### EMPLOYER INFORMATION

Employer Name \_\_\_\_\_ Doing Business As (DBA) \_\_\_\_\_

Requested Effective Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Employer Contact \_\_\_\_\_ Employer Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Billing Contact \_\_\_\_\_ Billing Email \_\_\_\_\_

Billing Phone \_\_\_\_\_

TPA/COBRA Contact \_\_\_\_\_ TPA/COBRA Email \_\_\_\_\_

TPA/COBRA Phone \_\_\_\_\_

Employer Tax ID \_\_\_\_\_ Start Date of Your Business (MM/YYYY) \_\_\_\_\_ / \_\_\_\_\_

Business Type  Corporation  Sole Proprietorship  Partnership  Not-for-Profit  LLC

Name of Current Group Carrier (if applicable) \_\_\_\_\_

Writing Agent \_\_\_\_\_ Writing Agent Email \_\_\_\_\_

Does the employer wish to cover domestic partners?  Yes  No

### PLAN SERVICE AREA

The service area for each network is listed below.

Select Value®  
Davis, Salt Lake, Utah and Weber counties

Select Med®/Select Med Plus®  
All counties in Utah

### MONTHLY PREMIUM

On or before the first day of each month, the employer shall pay SelectHealth the Premium per the Employer Plan Coverage List.

Payment Method  Preauthorized Banking Withdrawal (PAC)  Web Pay  Monthly Payment

### DURATION OF CONTRACT

If the SelectHealth minimum employee participation and employer contribution requirements are satisfied, the Contract and its terms shall commence on the Effective Date for a term of 12 months.

Effective Date \_\_\_\_\_

MINIMUM CONTRIBUTION, ENROLLMENT PARTICIPATION AND THE WAITING PERIOD

Employee must satisfy the following requirements throughout the term of the Contract.

1. Minimum Employer Monthly Contribution

At a minimum the employer must contribute an amount equal to at least 50 percent of the monthly Premium for single coverage on the lowest benefit offered. The employer contribution must be consistent for all employee classes and can be either a percentage of the employee monthly Premium or a fixed monthly dollar amount.

2. Minimum Enrollment Participation

Employees waiving coverage will not be counted towards participation if they have other medical coverage. For employers with up to four eligible employees after valid waivers - 100 percent must participate. For employers with five or more eligible employees after valid waivers - 75 percent must participate.

A minimum of one employee must be enrolled at all times.

Groups enrolling between November 15 and December 15 for a January Effective Date are not subject participation and contribution requirements.

3. Small Group Status

A group must meet the Utah Insurance Department's definition of small employer (Utah Code Annotated 31A-1-301). To make this determination, an employer should calculate the average number of eligible employees they had during the previous calendar year. If the average number is at least one but not more than 50, and the group employs at least one eligible employee on the first day of the plan year, the group is a small employer. An employer that did not exist for the entirety of the previous calendar year, but who reasonably expects to employ an average of at least one but not more than 50 eligible employees during the current calendar year, is also a small employer. Employers under common ownership are treated as a single employer. A sole proprietor who does not employ at least one other eligible employee is not a small employer.

4. Waiting Period for Newly Eligible Employees

- 0 months (employee is eligible on the first of the month following full-time hire date) 1 month 2 months
Dual waiting periods for separate employee classes (classes determined by employer) /

5. Leave of Absence

Eligible employees are granted a leave of absence by the employer for up to 60 days.

The employee's Effective Date will begin the first day of the next calendar month following the Waiting Period for Newly Eligible Employees.

The Waiting Period for Newly Eligible Employees can be changed twice annually — once at renewal and once outside of the renewal period.

6. Eligible Employee Status

The employee must be scheduled to work at least 30 hours per week.

7. Group Termination

Please be aware that if your employer group policy is cancelled and you have any unpaid premium balances, this will affect any future enrollment with us. All unpaid balances will need to be paid before you may enroll in the future.

SIGNATURE

This Application is part of the Group Health Insurance Contract with SelectHealth. The Group Health Insurance Contract is not binding until SelectHealth signs the Employer Plan Coverage List. In case of discrepancies, the other documents constituting the Group Health Insurance Contract will prevail over the Application.

Coverage, if approved, is made on the basis of information provided to SelectHealth by the employer and its employees and is subject to the above criteria as well as properly completed employee (Subscriber) Applications. This document shall be considered to be material representations of fact by employer to SelectHealth. Employer represents to SelectHealth that the information provided in this Application is accurate. The employer understands that SelectHealth is relying on such information in making decisions about coverage and payment. Employee Applications must be submitted to and approved by SelectHealth before the proposed Effective Date. Otherwise, SelectHealth may delay the Effective Date of this Contract.

This Application must be signed by employer and received by SelectHealth before the Group Health Insurance Contract can be finalized.

Employer Name Date

Authorized Representative Signature

Authorized Representative (print name here)