

**APPLICATION FOR SMALL  
EMPLOYER COVERAGE  
(2-50 Employees)**

This application is made by \_\_\_\_\_ (“Group”) to Blue Cross of Idaho Health Service, Inc., 3000 E. Pine Avenue, Meridian, Idaho 83642 or P.O. Box 7408, Boise, Idaho 83707 (“Blue Cross of Idaho”) for Small Employer health insurance coverage (“Group Policy”), the terms of which are hereby approved and accepted by the Group, to take effect on the Policy Date to be specified by Blue Cross of Idaho if this Application is approved.

1. Group is applying for:
- |                                                          |                                                         |                                                  |                                             |
|----------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Preferred Blue <sup>®</sup> PPO | <input type="checkbox"/> HSA Blue <sup>SM</sup> PPO     | <input type="checkbox"/> BlueWorks <sup>SM</sup> | <input type="checkbox"/> Stand Alone Dental |
| <input type="checkbox"/> Access Blue <sup>SM</sup> PPO   | <input type="checkbox"/> Chamber Blue <sup>SM</sup> PPO | <input type="checkbox"/> POS                     |                                             |
| <input type="checkbox"/> Basic                           | <input type="checkbox"/> Standard                       | <input type="checkbox"/> Catastrophic            |                                             |

- DUAL OPTION:**
- |                                                                                     |                                                                                   |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Preferred Blue <sup>®</sup> PPO/HSA Blue <sup>SM</sup> PPO | <input type="checkbox"/> Access Blue <sup>SM</sup> PPO/HSA Blue <sup>SM</sup> PPO |
| <input type="checkbox"/> BlueWorks <sup>SM</sup> /HSA Blue <sup>SM</sup> PPO        | <input type="checkbox"/> POS/HSA Blue <sup>SM</sup> POS                           |

- LIMITED BENEFIT PLAN:**  Essential Blue<sup>SM</sup> for Chambers

2. The Group represents that it meets the definition of a Small Employer as set forth in the Group Policy.
3. The Group understands it will be the Group’s responsibility to maintain \_\_\_\_\_% (refer to #4 & #5 below for participation and eligibility requirements) of eligible employees and certifies that the Group is not contributing to any other group or individual health/dental program that an employee or dependent may be participating in. At the time of this application, the Group represents that it has:
- |                                                                                          |         |     |
|------------------------------------------------------------------------------------------|---------|-----|
| A. Total number of employees, including owners                                           | _____   | (A) |
| B. Number of part-time employees (as defined in #5 below)                                | _____   | (B) |
| C. Number of waivers from eligible employees <i>with</i> qualifying existing coverage    | _____   | (C) |
| D. Number of full-time employees in probationary period                                  | _____   | (D) |
| E. Subtotal of B+C+D                                                                     | _____   | (E) |
| F. Subtotal of A minus E (net eligible employees)                                        | _____   | (F) |
| G. Number of waivers from eligible employees <i>without</i> qualifying existing coverage | _____   | (G) |
| H. Number of employees applying for enrollment under this Contract (F minus G)           | _____   | (H) |
| I. H divided by F = participation percentage                                             | _____ % | (I) |

4. Minimum allowable participation:
- For groups of 2 to 50, I must equal 75%

5. Eligible employees include:
- |                                                                                                                                                                         |                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| A. Employees working 20 or more hours per week (for groups with at least three (3) active enrollees <i>and by agreement between Blue Cross of Idaho and the Group</i> ) | <input type="checkbox"/> Yes <input type="checkbox"/> No (select A or B) |
| OR                                                                                                                                                                      |                                                                          |
| B. Employees working thirty (30) or more hours per week                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| C. Public officers and public employees regardless of the number of hours worked (City or County Employees Only)                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |

6. The Group agrees to make the following employer contribution toward premiums:  
 \_\_\_\_\_% per employee \_\_\_\_\_% per dependent  
**Minimum Allowable Contribution:** employers must contribute at least 50% of the monthly premium rate for employees, and contribution toward monthly premium for dependents is recommended.

7. The probationary period to be served by new employees: \_\_\_\_\_ days (*cannot exceed 365 days*) If the probationary period varies by class of employee, please explain: \_\_\_\_\_

8. If Group is applying for **Chamber Blue<sup>SM</sup> PPO or Essential Blue<sup>SM</sup> for Chambers**, the group certifies that:
- A minimum of two (2) eligible employees are enrolled on the group policy.
  - It is a member in good standing with the local Chamber of Commerce (local Chamber is the nearest Chamber to the group’s physical address).
  - A copy of the Group’s Chamber membership is attached.
  - It has not offered group or individual health insurance coverage through a specific health insurance carrier or as part of a plan or program under Internal Revenue Code 106 (contributions by employer to accident and health plans), Section 125 (cafeteria plans) or Section 162 (trade or business expenses, except for health insurance costs of self-employed individuals) for the past 24 months.

**If selecting Essential Blue for Chambers, the Essential Blue policy provides limited benefits. Review your policy carefully.**

It is agreed this application supersedes any previous Blue Cross of Idaho applications.

Name of Group: \_\_\_\_\_ By: \_\_\_\_\_  
 (authorized signature for the group)

Group Number: \_\_\_\_\_ By: \_\_\_\_\_  
 (print name)

Date: \_\_\_\_\_ Title: \_\_\_\_\_