new mexico health connections

Group Health Coverage Employer Application

The easiest and most efficient method to enroll a group is to log in to the NMHC broker portal at https://shop.mynmhc.org/ehpportal/eapp/login and complete enrollment electronically.

For non-electronic enrollment, please follow the steps below.

STEP 1: EMPLOYER GROUP INFORMATION

1. Name of Employer Group			2. Requested Effective Date
3. Address of Employer Group			4. Federal Tax ID Number
5. City	6. State	7. ZIP Code	8. County

9. Type of Organization: Copies of supporting wage/tax documentation is required. See page 3 for list of requirements.

☐ Corporation ☐ Partnership ☐ Proprietorship ☐ LLC ☐ Other_____

Contact Information

1. Group Contact Name/Title	2. Group Contact Phone Number	3. Group Contact Email
4. Billing Contact Name	5. Billing Contact Phone Number	6. Billing Contact Email

Employee Information

1. Total Number of Employees	2. Total Number of Full-time Employees	3. Total Number of Part-Time/Seasonal Employees
4. Total Number of Eligible Employees, Incl. Waivers	5. Total Number of Employees in Waiting Period	6. New Hire Waiting Period (cannot exceed 90 days) 1st of month following: ☐ 0 ☐ 30 ☐ 60 days

7. Waive New-Hire Waiting Period for All Employees During Initial Open Enrollment Period? Yes ☐ No ☐

Employer Contribution

1. Single Employee $ or %	2. Dependents $ or %

Current Carrier Name, if Applicable: _____

COBRA: Most group health plans with 20 or more employees on more than 50% of its typical business days are subject to COBRA. Both full- and part-time employees are counted to determine whether a plan is subject to COBRA. Each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours that the part-time employee worked divided by the hours an employee must work to be considered full-time.

Is Employer Eligible for Federal COBRA? ☐ Yes ☐ No	Name and Address of COBRA Administrator

Broker Information

First Name, Middle Name, Last Name, and Suffix	Phone Number	Email
Agency Name	Agency Address	National Producer Number
Broker Signature		Date of Signature

STEP 2: PLAN SELECTION

Please choose only one plan. All employees and dependents must be enrolled on the same plan.

SMALL GROUP PLANS			LARGE GROUP PLANS
Choice Connect PPO Plans	**Care Connect HMO Plans**	**Healthy Connect HMO Plans**	***Please write in the name of your selected plan.***
☐ Platinum PPO ☐ Gold PPO ☐ Silver PPO	☐ Platinum HMO ☐ Gold HMO ☐ Silver Plus HMO ☐ Silver HMO ☐ HDHP Silver HMO ☐ Bronze HMO ☐ HDHP Bronze HMO	☐ Platinum HMO ☐ Gold HMO ☐ Bronze HMO	1. _____ 2. _____ 3. _____ If a custom plan, write plan name here: _____

Employer Group Name: _____

STEP 3: PAYMENT INFORMATION

Coverage will not go into effect until the first month's payment is made. How will you pay your premium?

☐ **By check**: We will bill you. Your payment will be due on the first of each month. You must submit the initial premium payment with this form.
☐ **Over the phone**: Please call us at 1-855-7MY-NMHC (1-855-769-6642) to arrange payment.
☐ **Online**: Please go to www.mynmhc.org and click on **Pay My Bill**. You may pay with a credit or debit card, or a checking or savings account.
☐ **Automated bank draft**: If you wish to have your bank account drafted each month, please complete the section below.

Non-payment of premium will result in termination of policy back to the paid-through date.

Automated Clearing House (ACH) Debit Authorization

Employer Group Contact Name and Phone Number: _____

I hereby authorize New Mexico Health Connections (NMHC) to initiate debit entries and adjustments for any credits in error to the checking or savings account indicated below and request the financial institution named below to credit and/or debit the same to such account. This information will be kept for ongoing payments and the account listed will be drafted for the monthly premium amount. I am an authorized signor on the account indicated below.

Account Type: ☐ Checking ☐ Savings

Month to Begin Bank Draft: _____ (**Note**: Account will be drafted on the first business day of the month.)

Name of Financial Institution	Address of Financial Institution
Name of Account/Name on Account	
Financial Institution Transit **Routing** Number (9 digits)	**Account** Number

This authorization will remain in effect until NMHC has received written notification of its termination in such time and in such manner as to afford NMHC a reasonable opportunity to act on it.

Authorized Signor on Account (please print): _____

Title: _____

Signature: _____ Date: _____

STEP 4: READ AND SIGN

The undersigned Employer applies for the health care coverage as set out in this Employer Application and agrees to pay the required premium and to be bound by the terms and conditions of the contract. State and federal law guarantee renewability of small groups. It is understood that the benefits and rates quoted may change based on the actual enrollment of the group. The Employer agrees that an employee participation level when applicable must be maintained according to New Mexico laws and regulations and NMHC policies.

Employer acknowledges that if NMHC accepts this application and issues a Policy, NMHC may pay the Broker a commission and/or other compensation in connection with the issuance of such Policy. The undersigned further acknowledges that if additional information is needed regarding any commissions or other compensation paid the Broker by NMHC in connection with the issuance of a Policy, they should contact the Broker.

Employer represents, and agrees that the information contained in this Application is true and correct and forms an essential basis for our issuance of the Contract. Even though this Application is submitted with proposed premiums or other funds, there will be no coverage until this Application is approved by NMHC. If NMHC approves this application, we will notify you and specify the effective date of group coverage. If we do not approve this Application, the submitted funds will be returned to the Employer.

Employer's Signature _____ Date _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

STEP 5: REQUIRED SUPPORTING DOCUMENTATION

- ✓ Employer Application – signed and completed; and
- ✓ Employee Applications – signed and completed; and
- ✓ First month's premium payment; and
- ✓ Most recently filed quarterly State wage & tax report [a.k.a. State Unemployment Taxation Assessment (SUTA)].
    - Include status of all employees listed (specify if eligible, part-time, seasonal, in waiting period, or waiving). Each applicant must be accounted for in the supporting documentation.

If the group does not file a SUTA, or has not yet had to file a SUTA (e.g., a newly formed organization), the group must provide the following:

1. A copy of the current New Mexico Business License; and
2. A list of all employees, on company letterhead, including status of all employees listed (e.g., eligible, part-time, seasonal, in waiting period, or waiving); and
3. **ONE** proof of business documentation as specified below:
   a. C Corporation – Form 1120, Form 941, Schedule E, Articles of Incorporation/Organization; or
   b. S Corporation – Form 1120S, Schedule K-1s, Form 941 (if there are employees in addition of shareholders), articles of incorporation/ organization, payroll records; or
   c. Partnership – Form 1065 or Schedule K-1 for each partner; or
   d. Limited Liability Company – Articles of Incorporation/Organization; or
   e. Sole Proprietorship – Form 1040, Schedule C; or
   f. Non-Profit Organization – Form 941, W-2s, or 990.

STEP 6: SUBMIT COMPLETED EMPLOYER APPLICATION AND REQUIRED SUPPORTING DOCUMENTATION DIRECTLY TO YOUR NMHC SALES EXECUTIVE.

- ✓ **Submit completed documentation by the 15th of the month prior to the requested effective date to secure the requested coverage effective date.**
- ✓ **You may also call the NMHC Sales line for assistance at 1-855-808-3568. Select option 4 (brokers), then select option 1 for a directory of sales executives.**

Submit Online	Submit by Email*	Submit by Fax	Submit by Mail
https://shop.mynmhc.org/ehpportal/eapp/login The most efficient method to enroll a group is to log in to the NMHC broker portal and complete enrollment electronically.	sales@mynmhc.org	1-800-734-1596	New Mexico Health Connections P.O. Box 36719 Albuquerque, NM 87176

***To protect the security of personal information, please ensure that you are sending information using secure (encrypted) email. If you cannot send secure email, please create an account in the NMHC Secure Messaging Portal at https://web1.zixmail.net/s/login?b=nmhealthconnections, and send the email from that account.**