

OBMSM Group Enrollment Checklist

We've created this checklist to make doing business with OBM convenient. All forms listed below are available on www.oxfordbenefitmanagement.com. All fields on the following group questionnaire are required, unless otherwise noted.

TO ENROLL A NEW GROUP INTO AN OBM PLAN, THE FOLLOWING GUIDELINES MUST BE MET:

- Effective dates of coverage can only be the 1st of each month.
- The employer must contribute at least 50% towards the employee's premium.
- Groups must have at least 75% of the active eligible employees enrolled, excluding those waived with spousal coverage.

TO ENROLL A NEW GROUP INTO AN OBM PLAN, THE FOLLOWING ITEMS MUST BE SUBMITTED:

- A completed OBM Group Enrollment Checklist.
- A UnitedHealthcare Dental and Spectra Member Enrollment Form must be completed for each active eligible employee enrolling.
- A binder check equal to one month's premium made payable to Oxford Benefit Management.
 - Check is printed on company check stock. If the check is not on company stock, an explanation on company letterhead needs to be included with the binder check.
 - Company name and address is consistent with the corresponding group applications.
- A rate sheet based on final enrollment census information and current effective date.
- A Wage and Tax Statement.
- A recent copy of the group's current dental insurance carrier's Summary of Benefits, as well as a prior carrier bill (only needed if the group had prior dental coverage through another carrier).

PLEASE SELECT ONE PLAN OPTION:

- OBM **Basic** Specialty Option
Optional Term Life insurance \$10,000 \$25,000
- OBM **Preferred** Specialty Option
Orthodontia: Yes No
\$1500 Maximum: Yes No
Waive Waiting Periods*: Yes No
Optional Term Life insurance \$10,000 \$25,000
- OBM **Elite** Specialty Option
Orthodontia: Yes No
\$1500 Maximum: Yes No
Waive Waiting Periods*: Yes No
Optional Term Life insurance \$10,000 \$25,000
- OBM **Premier** Specialty Option
Orthodontia: Yes No
\$1500 Maximum: Yes No
Waive Waiting Periods*: Yes No
Optional Term Life insurance \$10,000 \$25,000

Group Name: _____

Requested Effective Date: _____

Primary Contact: _____

Group Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Billing Address: (if different from above)

City: _____ State: _____ Zip Code: _____

Type of Business:

Corporation Partnership Proprietorship Other

SIC Code: _____ Tax ID: _____

Subject to ERISA? Yes No

Full Legal Name of Employer: _____

Has your company ever filed for or is it in the process of filing for bankruptcy? Yes No

See reverse side.

EMPLOYER CONTRIBUTION

_____ %

Note: Employer Contribution must equal 50% of the employee's premium.

PARTICIPATION

Total number of employees on payroll: _____

Total number of full-time eligible employees: _____

Total number of enrolling employees:

Employee Only: _____

Employee+Spouse: _____

Employee+Child: _____

Employee+Family: _____

Total numbers of waivers: _____

Note: Participation level must be at least 75% of eligible employees excluding spousal waivers.

Does your company have Oxford Health Plans or

UnitedHealthcare medical coverage? Yes No

If yes, group ID# _____

Did your company have prior vision coverage? Yes No

If yes, dates of coverage: _____ Carrier: _____

Did your company have prior dental coverage? Yes No

If yes, dates of coverage: _____ Carrier: _____

Multi Site: Yes No Number of locations: _____

Locations: _____

Number of COBRA participants in total group: _____

Number of retirees in total group: _____

SALES REPRESENTATIVE INFORMATION

Oxford Sales Representative Name:

Please Note: Oxford Benefit Management, Inc., acts as the distribution company for products by third-party vendors, including UnitedHealthcare, Spectera®, LifeEra, Health Allies Inc. and Unimerica Workplace Benefits (Unimerica). The UnitedHealthcare Dental® Plans and Spectera®, Inc. products are either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; or United HealthCare Services, Inc. The Unimerica products are underwritten by Unimerica Insurance Company and United HealthCare Insurance Company. In New York, products are underwritten by Unimerica Life Insurance Company of New York.

The UnitedHealth AlliesSM Discount Program offers discounts on health products/services to OBM and UnitedHealthcare enrollees. It is not an insurance product but is offered to existing enrollees of certain products underwritten or provided by United HealthCare Insurance Company or its affiliates to encourage their participation in wellness programs. Healthcare professional availability for certain services may be dependent upon licensure, scope of practice restrictions or other requirements in the state. Therefore, some services may not be included in the program due to state regulations. OBM does not underwrite or administer these products and bears no risk on any product offered. All information within this document is subject to change.

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BROKER INFORMATION

Brokerage: _____

Broker Name: _____

Broker#: _____

FTIN/SS#: _____

License#: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

E-mail: _____

Broker Signature: _____ Date: _____

Commission Checks Payable To: _____

GENERAL AGENT INFORMATION

GA Name: _____

GA#: _____

FTIN/SS#: _____

License#: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

E-mail: _____

GA Signature: _____ Date: _____

Commission Checks Payable To: _____

SUBMISSIONS SHOULD BE MAILED TO:

Health Network America

Attn: Oxford Benefit Management, Inc.

246 Industrial Way West

Eatontown, NJ 07724

