



Bright Choices Group Enrollment Form 2009

This booklet provides the instructions and forms needed to enroll your company in the Bright Choices program.

Group Enrollment Checklist

Complete all parts of this Group Enrollment form

Review, sign and return this form to:

TJ Baker

Attn: Alden COC Insurance Program

737 Main St. Suite 200 Buffalo, NY 14203

Attach the appropriate tax form

If you have employees: attach an NYS-45, **(including employees' Social Security Numbers)**

If you have no employees: please attach the appropriate tax document for your type of business.

Which tax documents have you submitted with this form?

NYS-45 ___ 1020C ___ 1065-K1 ___ 1020S ___ Schedule C ___ Other: _____

Use the Benefits Funding Worksheet on page 3 of this form to indicate the amount of your employees' benefits you are funding for 2009

Tell Us About Yourself

Your Name

Date:

Your Title/Position:

Phone #

Email (required):

Questions? Call TJ Baker 716-541-1715

You may also contact the Liaison Consumer Advocacy Team at 1-866-LIAZON-1

Tell Us About Your Business

Business Name			
Business Address Street			
City	State	Zip Code	
Type of Business			
Name of Business Owners/Partners			
Key Contact Person Name	Phone	Fax	Email
List any subsidiaries Subsidiary Name			No. of Eligible Employees
Address			
Are you a subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list parent company			
Do you have a Section 125 Plan (to make pretax deductions for benefits?) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Benefits Eligibility

What are the Benefits Eligibility Policies for your Company?

Eligible employees include all those working at least: 20 hrs 30 hrs 40 hrs Other: _____

Waiting period for all new hires is 1st of the month following: 30 days 60 90 Other: _____

Waiting period for all rehires is 1st of the month following: 30 days 60 90 Other: _____

Waiting period for PT EE's who become FT is 1st of the month following: 30 days 60 90 Other: _____

How Many Eligible Employees Do you Have?

- A) Total number of **ALL** active employees + owners +partners _____x
- B) Total number of eligible **retirees**: _____x
- C) Total number of **COBRA participants**: _____x
- D) Total active employees not eligible _____x
- E) Total **ELIGIBLES** (E = A+B+C-D): _____x
- F) Eligibles declining due to a valid **waiver**: _____x
- G) **NET ELIGIBLES** (G = E - F) _____x
- H) Total eligibles enrolling in a Univera plan _____x
- I) **Total Group Participation** (I = H/G) _____x

*Note: All individuals who waive insurance must submit a waiver form indicating existing coverage through a spouse.

**Group participation must be 100% for groups with 1-5 net eligibles, and at least 75% for groups with 6-50 net eligibles.

Name	Status	Social Security Number
	<input type="checkbox"/> New Hire <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA	
	<input type="checkbox"/> New Hire <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA	
	<input type="checkbox"/> New Hire <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA	
	<input type="checkbox"/> New Hire <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA	

Please list all **ELIGIBLE** employees/owners/partners **not** listed on your NYS-45 or other tax documentation.

If you need more space, please attach a separate sheet

Benefits Funding Worksheet

Through Liazon’s award-winning *Bright Choices* portal, the Alden Chamber of Commerce gives your employees decision support tools to help them select the benefits that are right for them based on cost and coverage. The program relies on a defined contribution strategy using dollar-amount allocations for funding employees’ benefits. You can use this worksheet to determine how much money you will provide to your employees for their benefits for 2009.

- I am a single employee/sole proprietor company.** You can stop here, because you do not need to define benefits contributions for your employees.
- I have employees.** If you have employees besides yourself who receive benefits through your company, please provide the following information:

There are two alternatives for contributing to your employees’ benefits. You can provide a single monthly contribution to cover all benefits. Or you can make separate contributions by type of insurance.

Please select to approach you wish to use and provide the appropriate contributions.

- The company will allocate a specific monthly amount *per employee* for ALL benefits:**

	Monthly Contribution
Single	\$ _____
Family	\$ _____

OR

- We will allocate specific monthly amounts per employee for SELECTED benefit (fill in all that apply):**

	Monthly Contribution			
	Medical	Dental	Vision	Other _____
Single	\$ _____	\$ _____	\$ _____	
Family	\$ _____	\$ _____	\$ _____	

How will life insurance and disability insurance be paid

	Monthly Contribution	
	Life Insurance	Disability Insurance
Single	Employer Paid	Employer Paid
Family	___Yes ___No	___Yes ___No

I certify that, to the best of my knowledge and belief under penalty of perjury, the information listed on this form is true and complete.

X

Signature

Date

