

Required Paperwork-Documentation

In order to load a **NEW Chamber-Association Member Group**, we must receive the following:

- Proof of Association Membership
- Completed Member Enrollment form
- Proof of Business

To ensure that we are properly enrolling customers in the CDPHP contract, the following documents will be used to verify that the business is a legitimate business and that there are two or more employees actively working 20 hours a week. These documents must be verified prior to enrolling the group. For **Existing** Chamber or Business Association- **Brand New Sub Groups- Proof of Business**

- A. **NYS 45**: A NYS 45 is the NYS "Quarterly Combined Withholding, Wage reporting and Unemployment Insurance Return" form that displays the employer's employees, their income and their withholdings for the reported quarter. A DBA form that was filed with NYS may also be required for groups submitting a NYS 45 if the name that the business uses on its NYS 45 submission does not match the name of the customer applying for CDPHP group coverage. A copy of the "Assumed Name Certificate" (DBA form) that was filed with NYS must be submitted with the group paperwork for these groups.
- B. **Schedule F**: This is the Profit or Loss from Farming tax form that would be submitted by a farm attached to their form 1040, form 1041, form 1065 or 1065-B. If the Schedule F is submitted along with the 1040 or 1041 form it must be accompanied by a NYS 45. If the Schedule F is submitted along with a 1065 or 1065-B the NYS 45 is not required.
- C. **Schedule C**: These can be accepted if they are accompanied by a NYS 45 **OR** professionally prepared payroll information. **If** a company does not use a payroll company for handling of their payroll, the employer's payroll records will be accepted as long as they accompany a copy of cancelled checks issued to their employees that match the payroll records submitted. NYS requires that a company must file an "Assumed Name Certificate" (DBA form) if they are operating under a name other than the proprietors or owners of the business. A DBA form that was filed with NYS will also be required if the name that the Schedule C is filed under does not match the name of the customer applying. A copy of the "Assumed Name Certificate" (DBA form) that was filed with NYS must be submitted with the group paperwork.
- D. **Form 1065**: This form is used for Partnerships. There are types of these forms used by Partnerships, one is for the business and the other is for the individual partners to submit. Form 1065-U.S Return of Partnership Income Form, and the other is the 1065-K-1 (the schedule K form) Partner's Share of Income, Credits, Deductions, etc. CDPHP requires Form 1065- the U.S Return of Partnership Income Form to be supplied as this shows the partnership information, along with the 1065 K-1 as this should indicate that the partners are actively working for the business. A DBA form

must also be submitted if the group name does not match the name of the partners of the business (as noted above in sections A and C).

- E. New businesses or Newly Eligible Business: For businesses recently established, or a previously established business that now is eligible for a group contract due to hiring additional staff. They groups must provide either a 1065, Certificate of Incorporation, Articles of Organization, or a Certificate of Limited Partnership, along with their NYS 45, as proof that they are a legitimate business. If they cannot provide a NYS 45, as they have not yet filed one, they must submit professionally prepared payroll information. If a company does not use a payroll company for handling of their payroll, the employer's payroll records will be accepted as long as they accompany a copy of cancelled checks to their employees that match the payroll records submitted.
- F. Certificate of Incorporation: (This form must be filed with the NYS Department of State for all Business Corporations within NYS.) A NYS 45* must also be submitted to verify that there are at least 2 eligible owners/employees for the company.
- G. Articles of Organization: (This form must be filed with the NYS Department of State for all Limited Liability Companies –LLC's). A NYS 45 must also be submitted to verify that there are at least 2 eligible owners/employees for the company.
- H. Certificate of Limited Partnership: (Must be filed with the NYS Department of State for all Limited Partnerships). A DBA may also be required with this certificate if the company is not doing business under the names of all the partners of the company. Per NYS law- a company must file with NYS an "Assumed Name Certificate" (DBA form) if they are operating under a name other than the proprietors or owners of the business. If the Name that the Certificate of Limited Partnership is filed under does not match the name of the customer applying, a copy of the "Assumed Name Certificate" (DBA form) that was filed with NYS must be submitted with the group paperwork.
- I. Employee Leasing Companies: If a business is switching from leasing their employees to employing them, they need to submit a copy of the invoice from the leasing company, or a copy of an agreement to "purchase" the employees.
- J. Churches: Even though churches can elect to be exempt from paying FICA taxes (social security & medicare's hospital insurance tax) on the wages of their employees, they still have to submit quarterly employment tax returns (IRS form 941). Therefore, they would need to provide a copy of the IRS 941 form to us with their group application.

CDPHP Universal Benefits, Inc.
Gore MT Chamber-PROPOSED EPO 30-50
Small Group, Chamber
Rates Effective June 2010

Account Executive - Vicki Beyer
Warren County, Capital Area - 1A

Plan and Riders	Description	Single	Double	Family
ED9S10	\$30 OV \$50 SP \$1000 HOSP \$200 SURG \$100 ER \$100 AMB \$0/\$0 INN Ded 50% DME N/A COIN \$0/\$0 INN Max N/A COINS N/A OON Ded N/A OON Max	\$313.98	\$627.95	\$832.04
EPRXSG55A10	\$10/\$40/\$80 w/\$3000 max (generics & mail order carved out of max) (Including Contraceptives)	\$70.44	\$140.88	\$186.67
EPBHS210	Adds Timothy's Law (BBMI; Children w/ Serious Emotional Disorders) & Adds 30-Days IP Chemical Abuse Rehab	\$1.94	\$3.87	\$5.13
EPSNFS110	Changes SNF to 365 Days	\$0.59	\$1.18	\$1.56
EPVSNS610	Vision Hardware and Routine Eye Exam Every 24 Months (Low Option Hardware: \$75 Frames & Lenses/\$75 Contract Lenses)	\$4.36	\$8.72	\$11.56
EPELGS1210	Domestic Partner - Same or Opposite Sex	\$0.00	\$0.00	\$0.00
EPELGS310	Full-time student to age 25	\$0.00	\$0.00	\$3.06
Total		\$391.31	\$782.60	\$1,040.02

5/26/2010

CDPHP Universal Benefits, Inc.
Gore MT. Chamber PROPOSED EPO 30-50
Sole Proprietor, Chamber
Rates Effective June 2010

Account Executive - Vicki Beyer
Warren County, Capital Area - 3A

Plan and Riders	Description	Single	Double	Family
ED9S10	\$30 OV \$50 SP \$1000 HOSP \$200 SURG \$100 ER \$100 AMB \$0/\$0 INN Ded 50% DME N/A COIN \$0/\$0 INN Max N/A COINS N/A OON Ded N/A OON Max	\$357.93	\$715.87	\$948.52
EPRXSG55A10	\$10/\$40/\$80 w/\$3000 max (generics & mail order carved out of max) (Including Contraceptives)	\$80.30	\$160.61	\$212.81
EPBHS210	Adds Timothy's Law (BBMI; Children w/ Serious Emotional Disorders) & Adds 30-Days IP Chemical Abuse Rehab	\$2.21	\$4.42	\$5.85
EPSNFS110	Changes SNF to 365 Days	\$0.67	\$1.34	\$1.78
EPVSNS610	Vision Hardware and Routine Eye Exam Every 24 Months (Low Option Hardware: \$75 Frames & Lenses/\$75 Contract Lenses)	\$4.97	\$9.95	\$13.18
EPELGS1210	Domestic Partner - Same or Opposite Sex	\$0.00	\$0.00	\$0.00
EPELGS310	Full-time student to age 25	\$0.00	\$0.00	\$3.49
Total		\$446.08	\$892.19	\$1,185.63

5/26/2010

CDPHP Universal Benefits, Inc.
Gore Mt Chamber 10013960
Small Group, Chamber
Rates Effective June 2010

Account Executive - Vicki Beyer
Warren County, Capital Area - 1A

Plan and Riders	Description	Single	Double	Family
EPOCHAMB10	\$25 OV \$25 SP 20% HOSP 20% SURG 20% ER 20% AMB \$500/\$1250 INN Ded 50% DME 20% COIN \$2000/\$5000 INN Max N/A COINS N/A OON Ded N/A OON Max	\$283.33	\$566.65	\$750.81
EPRxS22A10	\$4/50%/50% (Including Contraceptives)	\$67.30	\$134.61	\$178.35
EPBHS310	Adds 30 Days IP Chemical Abuse Rehab and 7 Days IP Chemical Abuse Detox	\$0.95	\$1.91	\$2.53
EPSNFS110	Changes SNF to 365 Days	\$0.59	\$1.18	\$1.56
EPVSNS610	Vision Hardware and Routine Eye Exam Every 24 Months (Low Option Hardware: \$75 Frames & Lenses/\$75 Contract Lenses)	\$4.36	\$8.72	\$11.56
EPELGS1210	Domestic Partner - Same or Opposite Sex	\$0.00	\$0.00	\$0.00
EPELGS310	Full-time student to age 25	\$0.00	\$0.00	\$2.79
Total		\$356.53	\$713.07	\$947.60

5/26/2010

CDPHP Universal Benefits, Inc.
Gore Mt. Chamber 10013960
Sole Proprietor, Chamber
Rates Effective June 2010

Account Executive - Vicki Beyer
Warren County, Capital Area - 3A

Plan and Riders	Description	Single	Double	Family
EPOCHAMB10	\$25 OV \$25 SP 20% HOSP 20% SURG 20% ER 20% AMB \$500/\$1250 INN Ded 50% DME 20% COIN \$2000/\$5000 INN Max N/A COINS N/A OON Ded N/A OON Max	\$322.99	\$645.98	\$855.93
EPRxS22A10	\$4/50%/50% (Including Contraceptives)	\$76.73	\$153.45	\$203.32
EPBHS310	Adds 30 Days IP Chemical Abuse Rehab and 7 Days IP Chemical Abuse Detox	\$1.09	\$2.18	\$2.88
EPSNFS110	Changes SNF to 365 Days	\$0.67	\$1.34	\$1.78
EPVSNS610	Vision Hardware and Routine Eye Exam Every 24 Months (Low Option Hardware: \$75 Frames & Lenses/\$75 Contract Lenses)	\$4.97	\$9.95	\$13.18
EPELGS1210	Domestic Partner - Same or Opposite Sex	\$0.00	\$0.00	\$0.00
EPELGS310	Full-time student to age 25	\$0.00	\$0.00	\$3.18
Total		\$406.45	\$812.90	\$1,080.27

5/26/2010

CDPHP Universal Benefits, Inc.
Gore Mt. Chamber 10013960
Small Group, Chamber
Rates Effective June 2010

Account Executive - Vicki Beyer
Warren County, Capital Area - 1A

Plan and Riders	Description	Single	Double	Family
HDPPOCHA10	\$2700/\$5400 INN Ded 10% OV 10% SP 10% HOSP 10% SURG 10% ER 10% AMB 10% DME 10% COIN \$4000/\$8000 INN Max 50% COINS \$5000/\$10000 OON Ded \$10000/\$20000 OON Max	\$223.37	\$446.74	\$591.93
HDRXS19A10 (\$2700)	50%/50%/50% (Including Contraceptives)	\$32.63	\$65.26	\$86.47
HDBHS310	Adds 30 Days IP Chemical Abuse Rehab and 7 Days IP Chemical Abuse Detox	\$0.95	\$1.91	\$2.53
HDSNFS110	Changes SNF to 365 Days	\$0.60	\$1.20	\$1.59
HDELGS1210	Domestic Partner - Same or Opposite Sex	\$0.00	\$0.00	\$0.00
HDELGS310	Full-time student to age 25	\$0.00	\$0.00	\$2.04
Total		\$257.55	\$515.11	\$684.56

5/26/2010

CDPHP Universal Benefits, Inc.
Gore Mt. Chamber 10013960
Sole Proprietor, Chamber
Rates Effective June 2010

Account Executive - Vicki Beyer
Warren County, Capital Area - 3A

Plan and Riders	Description	Single	Double	Family
HDPPOCHA10	\$2700/\$5400 INN Ded 10% OV 10% SP 10% HOSP 10% SURG 10% ER 10% AMB 10% DME 10% COIN \$4000/\$8000 INN Max 50% COINS \$5000/\$10000 OON Ded \$10000/\$20000 OON Max	\$254.64	\$509.28	\$674.80
HDRXS19A10 (\$2700)	50%/50%/50% (Including Contraceptives)	\$37.20	\$74.40	\$98.57
HDBHS310	Adds 30 Days IP Chemical Abuse Rehab and 7 Days IP Chemical Abuse Detox	\$1.09	\$2.18	\$2.88
HDSNFS110	Changes SNF to 365 Days	\$0.69	\$1.37	\$1.82
HDELGS1210	Domestic Partner - Same or Opposite Sex	\$0.00	\$0.00	\$0.00
HDELGS310	Full-time student to age 25	\$0.00	\$0.00	\$2.32
Total		\$293.62	\$587.23	\$780.39

5/26/2010