



Bright Choices[®] Benefits Exchange[™] - 2012 Group Enrollment Form

Group Enrollment Checklist:

Complete contact information below and all of page 2

Review, sign and return this form to:

Liazon
Attn: Ulster
737 Main Street, Suite 200
Buffalo, NY 14203

Or Fax to: 888-810-1059, Attn: Ulster

Or E-mail to kim.giesing@liazon.com

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: _____

Tell Us Who Is Completing

Name:		Date:
Title/Position:		
Phone:	E-Mail:	

**Questions? Call the Liazon Consumer Advocacy Team at
1-866-LIAZON-1 (1-866-542-9661).**



Liazon Small Group Application

Effective Date of Group: _____

Employer Group (2 or more employees) **Sole Proprietor**

Group Information:

Name of Chamber or Parent Group: _____

Employer Group (Legal Name): _____

TIN: _____

SIC Code: _____

Street Address: _____

City: _____

State: _____ **Zip:** _____ **County:** _____

Telephone: _____ **Fax:** _____

Contact Name: _____

Title: _____

Type of Group: _____

1 - State Government

2 - Local Government

3 - Publicly Traded Corporation

4 - Privately Held Corporation

5 - Non-Profit

6 - Church Group

7 - Other

Group Sponsor: _____

1 – Employer

2 – Trustees of a Fund

3 – Union

Group Administration

A. Total number of employees (full-time and part-time): _____

B. Total number of full-time employees (working a minimum of 20 hours/week): _____

C. Number of retirees eligible for coverage

1) **Non-Medicare Retiree:** _____

2) **Medicare Retirees:** _____

E. Number of COBRA/State Continuation Participants: _____

F. Number of eligible employees/retirees waiving coverage: _____

Certification

To the best of my knowledge, all the statements/responses in this application are true and complete. By signing this application, I certify that under penalty of perjury that all statements contained in this application are true and accurate to the best of my knowledge. I further certify that I am an officer or employee of this business and that I am duly authorized to execute this application on behalf of the business.

Insurance Fraud Statement

I understand that any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

Name: _____

Date: _____

Request for Participation



To: Chamber of Commerce of Ulster County, Inc.

We, the member of the Chamber of Commerce of Ulster County, Inc. named below, wish to participate in and obtain group insurance from Metropolitan Life Insurance Company ("MetLife") providing benefits under and subject to the provisions of the group policy issued by MetLife to the Chamber of Commerce of Ulster County, Inc. ("Policyholder") that provides the group insurance coverage selected below:

Coverage	Employees / Members Only	Employees / Members and Dependents
Supplemental Life with AD&D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Short Term Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Long Term Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>

We request that the group insurance indicated above become effective _____
 Mo. Day Year

We hereby agree to be bound by the terms, conditions and provisions of the group insurance arrangement, including the policy, certain provisions of which are summarized below and on page 2. We understand that the insurance will not become effective until this Request for Participation is accepted by or on behalf of the Chamber of Commerce of Ulster County, Inc. by MetLife for the insurance involved. No insurance for any person proposed for coverage will become effective until that person has applied for such insurance and such person's enrollment form has been approved by MetLife, if MetLife's approval of such person is required. If our coverage becomes effective, we shall be deemed a Participating Employer under the policy issued to the Chamber of Commerce of Ulster County, Inc..

We further understand that, if the group insurance indicated above will replace existing coverage, the basis for the premium rate quoted by MetLife was the reliance placed by MetLife on the accuracy and completeness of the documentation substantiating the scope and level of the coverage previously in force and the rate we were previously paying. We agree that if, subsequent to the date the insurance indicated above becomes effective, such documentation shall be found to have been inaccurate or incomplete, MetLife may, retroactively to the effective date of coverage, adjust the rate for such insurance to the rate that would have been applicable if MetLife had known the true state of facts. Finally, we understand that the policy is subject to termination by the Chamber of Commerce of Ulster County, Inc..

Date

Name of Member/Participating Employer

Signature & Title

Tax ID #: _____

SIC Code: _____

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Summary of certain terms, conditions and provisions of the Policy referred to above:

- (1) **Definition of Participating Employer:** The term "Participating Employer" means a member of the Chamber of Commerce of Ulster County, Inc. that executes a Request for Participation that is accepted by the Policyholder and that has insured its employees through the Chamber of Commerce of Ulster County, Inc..
- (2) **Definition of Employee:** The term "Employee" means a person who is directly employed and compensated for services by a Participating Employer and who is in a class designated as eligible for insurance by that Participating Employer. No person may be considered an Employee of more than one Participating Employer, nor may any class of Employees be designated as eligible for insurance without the consent of MetLife.
- (3) **MetLife's Responsibility:** In return for a Participating Employer's payment of premiums when they fall due, MetLife will provide the insurance and pay the benefits described in the group insurance certificate furnished to that Participating Employer for delivery to the Participating Employer's covered Employees.
- (4) **Premium Due Dates:** Premiums are due and payable by each Participating Employer on the first day of each month for which insurance coverage for that Participating Employer is to be provided. The Participating Employer's first premium must be paid within 31 days of the effective date of the Participating Employer's coverage. If a premium payment, other than the Participating Employer's first premium payment, is not received within 31 days after the due date, coverage under the policy with respect to that Participating Employer will terminate on the earlier of the 31st day following the due date and the date requested in writing by the Participating Employer, provided such request is made before such 31st day following the due date. The Participating Employer will be liable for the payment of the pro-rata premium which accrues while any coverage remains in force.
- (5) **Change in Rates:** MetLife may change any or all of the premium rates without prior notice if: (1) there is a change in the Policy or in the Participating Employer's plan; (2) the policy is amended or endorsed to change a Plan; (3) with MetLife's consent, a subsidiary, affiliate, divisions branch or other similar entity is added to or deleted from the plan; (4) there is a significant change in the geographic distribution of insured Employees; (5) applicable law requires a change in insurance or the class of persons eligible for insurance; or (6) the plan premium due date coincides with or next follows: a change greater than 25% in the number of covered persons or a change greater than 25% in the amount of insurance. MetLife may change rates for any coverage at any time if data furnished to MetLife, and relied upon by MetLife as a basis for its rates, is found to be inaccurate or incomplete.
- (6) **Data Needed:** The Policyholder and Participating Employer will provide MetLife with all the data needed to compute premiums and carry out the terms of the policy. MetLife may examine such data at any reasonable time. If MetLife, or a Participating Employer, make a clerical error in keeping the data, the premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in effect, nor will it continue insurance validly ended.
- (7) **Termination:** In addition to the termination provisions set forth above, MetLife will have the right to terminate the policy on any policy anniversary and the right to terminate the Participating Employer's plan: on a date premium is not paid when due; or on any premium due date of the plan upon 31 days notice if fewer than 25% of the eligible persons are insured for contributory insurance; or fewer than 100% of the eligible persons are insured for non-contributory insurance; or fewer than 10 Employees are insured. MetLife may also terminate the Participating Employer's plan on any Premium due date by giving 31 days notice if the Participating Employer fails to provide information on a timely basis or perform any obligations required by the policy or any applicable law; or on the date a Participating Employer ceases to be a member of the Chamber of Commerce of Ulster County, Inc. upon 31 days notice. The Participating Employer may end the plan by giving 31 days notice to MetLife. The plan will end on the later of: the date stated in the notice or the date MetLife receives the notice. If a plan ends all premiums due for the plan must be paid. MetLife will refund any unearned premium.
- (8) **Changes in the Policy:** The policy may be changed at any time without the consent of the covered persons or anyone else with a beneficial interest in it. MetLife will issue amendments or endorsements to effect such changes. MetLife will only make changes that are consistent with applicable law. An amendment or endorsement will not affect the insurance provided under certificates issued before the effective date of the change, unless retroactivity is consistent with applicable law. An officer of MetLife must approve in writing any change or waiver of the terms and provisions of this policy. A sales representative or other MetLife employee, who is not an officer of MetLife, does not have MetLife's authority to approve such changes or waivers. A change or waiver will be evidenced by an amendment signed by an officer of MetLife, and the Policyholder or its designee. An endorsement will be signed by an officer of MetLife. A copy of the amendment or endorsement will be provided to the Policyholder for attachment to the policy.