



OFFICE

Group Number: _____
Med RL: _____ RX RL: _____
Trust Fee: <input type="checkbox"/> Attached <input type="checkbox"/> Waived

Master Application

Medical, RX, Dental and Vision plans offered under the Pacific Health Trust are underwritten and administered by Health Net Health Plan of Oregon, Inc., Guardian and VSP®, respectively.

Company Information

Effective Date Requested: _____

Association Membership: _____ Member since: _____

Company: _____ Tax ID: _____

DBA (if applicable): _____

Address: _____

City: _____ County: _____ ST: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Benefits Administrator Name: _____ Title: _____

Address (if different): _____

Phone: _____ Fax: _____ E-mail: _____

Billing Contact (if different): _____ Title: _____

Address (if different): _____

Phone: _____ Fax: _____ E-mail: _____

Type of Organization: Corporation Partnership Sole Proprietorship Other SIC Code: _____

Nature of Business: _____ Date of Inception: _____ Previous Medical Carrier: _____

Participation Requirements

Total employees: _____ Total working 20+ hours a week: Full-time _____ Part-time _____

Please check the appropriate box for total # of employees including: Full-time, Part-time and seasonal employees:

0-19 employees 20-99 employees 100+ employees

Number of employees eligible per employer guidelines to enroll in the plan: _____

Number of employees enrolling: _____ Number of dependents enrolling: _____

Number of employees waiving: _____

Employer Contribution and Eligibility Provisions

Employee Coverage: _____% of Monthly Rate OR \$ _____ toward Monthly Rate

Dependent Coverage: _____% of Monthly Rate OR \$ _____ toward Monthly Rate

Employees must enroll within 31 days of eligibility. Eligibility provisions may only be changed at annual contract renewal.

Eligible Employees: Regular active full-time employees scheduled to work at least _____ hours per week (min 20 hrs, max 40 hrs)

Newly Eligible Employees: First day of the month following _____ days from date of hire. (0, 30, 60, 90, 180)

Employees rehired within _____ (0 – 6) months are not required to complete a new probationary period.

COBRA

Are you subject to COBRA? Yes No

A group is subject to COBRA during the current calendar year if the group employed 20 or more employees on more than 50% of its typical business days in the preceding calendar year.

If Yes, Please Choose:

- Trust Administration (please complete a BenefitHelp Solutions Agreement and submit with your application)
- Self-Administration

Coverage Applied For (check plans that apply):

Enrollment Packets Needed: _____

Note: If benefits differ by class or location please indicate below or add an additional sheet.

Health Net Medical Plans

- Groups under 20 choose one plan
- Groups with 20+ enrolled may choose two plans (minimum of 3 enrolled in each plan)

<input type="checkbox"/> PPO 250 (\$15 / \$250 / 20% / \$1,000 LX) <input type="checkbox"/> PPO 500 (\$15 / \$500 / 20% / \$1,500 DX) <input type="checkbox"/> PPO 750 (\$20 / \$750 / 20% / \$2,500 DX) <input type="checkbox"/> PPO 1000 (\$25 / \$1000 / 20% / \$2,500 DX) <input type="checkbox"/> PPO 1500 (\$25 / \$1,500 / 20% / \$2,500 DX) <input type="checkbox"/> PPO 2500 (\$30 / \$2,500 / 20% / \$2,500 DX) <input type="checkbox"/> PPO 3000 (\$30 / \$3000 / 20% / \$9,000 DX) <input type="checkbox"/> PPO 50/50 \$0 Ded \$2,500 OOP Max (50-50 2,500) <input type="checkbox"/> PPO 50/50 \$0 Ded \$5,000 OOP Max (50-50-5,000) <input type="checkbox"/> HSA 1500 (HDHP \$1,500 / 20% / \$3,000 w/ 20% Rx)	Health Net RX Plan Choose one option <input type="checkbox"/> Rx \$10 / \$20 / \$40 <input type="checkbox"/> Rx \$15 / \$30 / \$50 <input type="checkbox"/> Rx \$10 / \$50 / \$75 <input type="checkbox"/> Rx \$15 / 35% / 50% - \$5,000 OOP Max <input type="checkbox"/> No Rx	VSP Vision Plan Choose one option <input type="checkbox"/> VSP \$0 / \$10 <input type="checkbox"/> VSP \$10 / \$25 <input type="checkbox"/> No Vision
<i>Note: Pharmacy & Vision enrollment must match the medical enrollment.</i>		
Guardian Dental Plans		
<input type="checkbox"/> Plan 1000 (\$1,000 Max) <input type="checkbox"/> Plan 1500 (\$1,500 Max) <input type="checkbox"/> Plan 2000 (\$2,000 Max)		<input type="checkbox"/> Plan 1000 w/ Ortho* <input type="checkbox"/> Plan 1500 w/ Ortho* <input type="checkbox"/> Plan 2000 w/ Ortho*
<i>*Orthodontia coverage is only available to groups of 10+ eligible employees</i>		
Optional Benefits: <input type="checkbox"/> COBRA Administration through BenefitHelp Solutions (\$1.76 per employee charge) <input type="checkbox"/> Domestic Partner Coverage (No Charge—Select to add benefit) Must select at initial effective date or at subsequent renewal. <input type="checkbox"/> Employee Assistance Program through RFL (\$0.75 per employee charge) <input type="checkbox"/> LifeBalance Card (\$1.00 per employee charge)	Optional Benefits: <input type="checkbox"/> 24 Hour Owner Coverage – Please attach a list including First / Last names for all owner / officers excluded from Workers Compensation.	

Lifewise Assurance Life / AD&D Buy-up

(Base \$10K Life/AD&D is required on all employees enrolling in the medical plan (except industries in which it is unavailable))

Life enrollment Election: (Must Choose one of the following options):

- Medical Enrollees Only All Eligible

<input checked="" type="checkbox"/> Base \$10K Life / AD&D (required)	<input type="checkbox"/> \$40K Life / AD&D (Optional Buy-up)
<input type="checkbox"/> \$20K Life / AD&D (Optional Buy-up)	<input type="checkbox"/> \$50K Life / AD&D (Optional Buy-up)
<input type="checkbox"/> \$30K Life / AD&D (Optional Buy-up)	

